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FERGUS O. MAHONY, M. D., F. A. C. P.
El Dorado
President, Arkansas Medical Society,
1934-1935

THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXI FORT SMITH ARKANSAS, JUNE, 1934 No. 1

ANNUAL ADDRESS

LEONCE J. KOSMINSKY, M. D.
Texarkana

Gentlemen of the Arkansas Medical Society, it has not only been a great honor to be your President for the past year, but a pleasure to be long remembered. I did my best to visit every section of the state during the past year and visited every Councilor District meeting.

The year has been a very strenuous and trying one for the medical profession with all of the NRA, CWA, PWA, etc., and with it all none was so unsatisfactory to us as the Code given the medical man with prices most absurd. Your committee consisting of the President, Secretary, Chairman of the Council and Chairman of the Legislative Committee, made every effort to get some satisfactory arrangement and our fee bill adopted, all to no avail.

We fully realized that during the economic conditions, it was a process of "give and take" but for some unknown reason the medical profession as usual was supposed to *give;* no other profession or business was told just what to charge; the merchant, druggist, real estate man nor public utilities were demanded to cut prices at all, their prices were either accepted or rejected, mostly accepted.

The amount of charity contributed by the doctor in this country amounts to 24.58 per cent of his time which he can expect no compensation, combined with this the additional one-fourth which he charges and cannot collect, it will readily show that one-half of the doctor's working hours are given over to free work. It has been estimated that the American doctors do more than a million dollars worth of charity work a day. This was made by a careful survey not confined to any particular section of the country but the country at large.

The responsibility for charity, both medical and otherwise, properly belongs to philanthropic agencies and with our municipal, state, and federal governments and not with the doctor. He has always been and will continue to be willing to do his share towards the delinquents and needy on top of all the time he gives. The doctor is among the first called upon to donate to Community Chest and various charity funds; the old idea, all give and no take seems to apply mostly to the medical profession.

The question is asked, "Should medicine be socialized?" No. There has been too much politics and bureaucracy in other fields, as well as ours. The remedy must come from organized medicine whose nucleus is the County Medical Society, co-operating with the State Society, the logical dictator being the A. M. A. The county and state medical societies acting in an executive capacity thus making the A. M. A. powerful enough to initiate and enforce medical policies.

No code of law would be needed where the proper code of ethics, not only existed but was carried out. This is the critical hour. The doctors still have the opportunity for preventing outright socialization of medicine, by presenting a plan of their own for solving the problems of medical economics, whether by group practice, state subsidy, voluntary insurance or what not. If the doctors unresentfully lose this opportunity, a plan of medical care will arise anyway; but it will come in the worst way. The medical profession will have forced political control of the practice of medicine upon themselves by fighting it without vision.

The President should appoint a chairman of the State Society Public Health Committee and he appoint members of wide experience in public health activities and who have had the privilege of observing and sharing in work of state wide and

national importance. Each County Society's Public Health committee should make such an analysis and furnish constructive criticisms and suggestions to the State Society and for their own County Society Public Health development. County Societies have already developed quite extensive programs.

The Time Is Ripe For Organized Effort

If the medical profession is to regain leadership in the health field, its leaders must clearly define the health needs of the present day; plan a program to adequately meet these needs; organize to work these plans out in co-operation with other allied workers in a practical and economic way so as to produce convincing results.

This is a time for calm and straight thinking; for long hard hours of work. Shoulder to shoulder, of our own free will, we must work out a plan and make it successful. Victory is on the side of *organized effort* in these times. Shall we organize or wait to *be* organized for health service in the community? We shall be leaders only as a result of what we do, not because we *are* physicians!

The "Diphtheria Project" is to be the chief concern of the Public Health committee. Other local health projects will be added during the year. The single project of diphtheria immunization should be carried on in every county. Every County Medical Society must co-operate in diphtheria immunization if the state project is to achieve the success we predict and hope for, particularly in the early years of child life.

Infants and Toddlers Preferred

The Public Health Committee should develop leaders in child health programs in the community. The practice of prevention really begins before birth. It includes heredity, but we cannot do much about that except in selected cases. The physician can begin soon after the birth of the child to protect the infant against diphtheria. In the years before children go to school, the physician can immunize any child still susceptible to diphtheria. He can watch the toddlers' growth and development and correct significant physical defects. He can advise parents as to their child's habits and nutrition. Care of the infant and the pre-school child in the home is the objective toward which the physician helps and guides the parents.

Parental Education

Parental education should be more practical. Theoretical and pseudo-scientific parental education is dangerous. Young parents, especially, need advice because they lack experience.

The county medical society members can do much to stabilize this worthy endeavor. Advice must be based upon experience and understanding. Such advice can be given by an experienced physician. His training in both prevention and cure has been practical as well as scientific. Physicians must impress upon parents the fact that the best advice for their child is that which is adapted to his needs and capacities.

After all is said and done, we can safely say that money spent in dues for a local and state medical society is one of the safest, surest investments a physician can make. Gentlemen, this last year in my travels over the state, I have come to realize what the friendship of man means; the close contact with you men in our profession.

So long as we love, we serve. So long as we are loved by others I would almost say that we are indispensable; and no man is useless while he has a friend. There is nothing quite so hygienic as friendship; to love and be loved means—even pulse, clear eyes, good digestion, sound sleep—success.

Have YOU immunized all children over six months of age against Diphtheria, seen by YOU during the last two weeks?

METHOD: One injection (1 c.c.) *of Toxoid three weeks apart for three injections.*

Have YOU vaccinated all children under a year of age against smallpox seen by YOU during the last two weeks?

Have YOU provided for the proper normal feeding, growth and development of all infants, seen by YOU during the last two weeks?

—Bulletin Los Angeles County Medical Society.

Resolutions

Whereas, the Randolph County Medical Society has, in the death of Dr. W. E. Hughes, lost a valued member, and

Whereas, Dr. Hughes has held every office in the society at various times and has given much of his time and talents to the well being of the society, and

Whereas, the society feels a deep and irreparable loss in the demise of this man.

Therefore, be it resolved, that we adopt a resolution of respect to the departed one and express in this manner to the bereaved family and the public our appreciation of the life that has gone from among us.

Be it further resolved, that a copy of this resolution be placed in our minutes, a copy sent to the family, a copy to the Journal of Arkansas Medical Society, and a copy furnished the press for publication.

Adopted April 3rd, 1934.

J. E. Smith,
M. A. Baltz,
J. R. Loftis,
Committee.

At a meeting of the Southeast Arkansas Medical Society held at Monticello, Arkansas, Monday, April 23d, the examination of pre-school children was discussed. The difficulties in securing thorough and proper examination of the children when huddled in large groups with the doctors operating without necessary conveniences and trained assistants at hand, such as has been the case in the past, was discussed at length. The opinion seemed to prevail that in order to give the child a fair deal and to make the examination thorough rather than superficial, it would be best to have the children examined in the private offices of the doctors, deliberately, rather than hurriedly, as in the past.

Realizing that a certain percentage of the parents might not be able to pay for these examinations, the doctors have offered to take care of all of these at no cost, charging only a very reasonable fee to those able to pay for the examination. The following resolution was offered and unanimously adopted:

Whereas, the function of the P. T. A., the medical and dental professions, among other things, is to prevent sickness and raise the health standards among the school children, and

Whereas, the advancement of the child in school work is dependent upon a healthy body, and

Whereas, the first years in school are the most critical in that the change in environment, added restraints and compelled action bring about physical as well as mental reactions, therefore, be it

Resolved, by the P. T. A., the medical and dental professions represented, that the parents of all pre-school children have their children carefully examined by their family physician, or physician of their choice, and their physical condition certified to before the opening of school.

EDITORIAL COMMENT

A limited number of bound copies of The Journal, June 1933 to May 1934, are available from the editor at a cost of three dollars and seventy-five cents, delivery charges prepaid. Readers who desire to preserve their copies will find this a most convenient and inexpensive way. Remittance should accompany orders.

This issue is the last which will be mailed those physicians whose dues for 1934 are not paid. See your county secretary now and pay your dues in order that your membership may be continuous. Membership in your county and state society is a privilege and obligation; the society can not function without your support as a paid-up member.

Arkansas physicians have recently been circularized by a mutual insurance company, offering mal-practice insurance. We should like to call attention to the fact that the Arkansas Medical Society has a group contract with one of the best companies in this line, the Aetna, offering a desirable contract at a low rate. Experience of Arkansas physicians with this contract has been most satisfactory. The present rate is predicated on group coverage; any deviation of members in appreciable numbers would no doubt cause an advance in the minimum rate we now enjoy. The Secretary will be glad to furnish information on this and other phases of mal-practice insurance on request.

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Owned by the Arkansas Medical Society and Published under direction of the Council.

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

OUR PRESIDENT

Dr. Fergus O. Mahony was born in El Dorado, Union County, Arkansas, July 30, 1879. He is the son of Edmund and Mary Klopher Mahony, deceased. During his early life he attended the public school at El Dorado. In 1901 he entered as an academic student the University of Arkansas, and there remained until 1904, at which time he became a candidate for the doctorate degree at the School of Medicine, Tulane University, where he graduated in 1908.

In December, 1908, Dr. Mahony was married to Miss Minnie MaGuire, also a native of Union County. Three children were born to this union, two boys and one girl. The oldest child, a daughter, is now married and lives in Texas. Dr. Mahony is proud to announce himself a grandfather, a son having been born about a year ago to his daughter.

Soon after graduating from medical school, Dr. Mahony became engaged as Assistant Surgeon for the Union Saw Mill Company of Huttig; later, during the period 1911-1913, he held a similar position with the Wisconsin Lumber Company, also of Huttig. During the summer of 1914, he returned to El Dorado, where he formed a partnership with a very charming and distinguished physician, Dr. R. A. Hilton. His association with Dr. Hilton is to him a fond and sacred reminiscence, prematurely interrupted by the death of this very dear friend. He has served as Local Surgeon for the Missouri Pacific Railroad for the past twenty-five years. In 1929 he was elected Chief of Staff of Warner Brown Hospital of El Dorado, which assignment he now holds.

Even though a busy physician, Dr. Mahony has maintained much civic interest. During the period 1916-1920, he served on the City Council of El Dorado. During the period 1917-1920, he served as City Health Officer, and was again appointed to this office in 1930, a position which he now holds. During the years 1917-1929, he held the office continuously as County Health Officer and was again reinstated in 1933. In 1917 he was appointed by the Governor as a member of the Arkansas State Board of Health, representing the Seventh Congressional District. This appointment has been continuous, being renewed by our present Governor. He is a member of the El Dorado Rotary Club and was for three years Exalted Ruler of the B. P. O. E. He is Past Master of the Roland Lodge No. 594, and was granted the pleasure of raising his son to the Masters Degree in the Masonic Lodge. Dr. Mahony is an Odd Fellow and also a member of the Knights of Pythias; he is a 32d Degree Mason and a Shriner.

Dr. Mahony is a staunch supporter of organized medicine. He has served at various times as President and as Secretary of the Union County Medical Society. He is a member of the American Medical Association, the Southern Medical Association and also the Arkansas Medical Society. The American College of Physicians, which was caused to convene in Minneapolis during the year 1930, elected him to fellowship. During the World War

he served as a Medical Member of the local Board.

While serving as part-time City and County Health Officer, Dr. Mahony has had an opportunity of studying seriously the field of Public Health. He believes that every practitioner should be a health officer, spreading the doctrine of preventive medicine among his clientele. He recognizes fully the need of close co-ordination with the medical fraternity of both official and non-official health agencies. In 1933 he was commissioned by the Surgeon General of the United States Public Health Service as Surgeon in the Reserve Corps.

So to us as our president for 1934-1935, Dr. Mahony brings the heritage of mature experience, the mellowing influence of the bedside, the wisdom from past conflicts and decisions. Under his leadership we shall continue our healthy growth, meet and solve our new problems, continue to uphold the honored traditions of the medical profession, and to serve. We pledge him our hearty co-operation and unified support.

Personal and News Items

The following physicians hold interesting attendance records for meetings of the state society; Frank Vinsonhaler, Little Rock, has attended 39 of a possible 41 meetings. Absent from one while in service in France; from the other attending dedication of a building of Duke University as a delegate from the Society.

M. L. Norwood, Lockesburg.—In attendance at each meeting since 1898 except two, unable to attend because of illness in his family. Has attended 36 out of 38 possible meetings, 23 consecutively.

E. E. Barlow, Dermott—has attended 28 out of a possible 31 meetings.

L. T. Evans, Batesville—has attended 24 consecutive meetings.

Earle H. Hunt, Clarksville—has attended 25 out of a possible 26, 22 of these consecutively.

S. J. Allbright, Searcy—has attended 20 out of a possible 21 meetings, 19 consecutively.

J. M. Lemons, Pine Bluff—has attended 14 out of a possible 15 meetings, missing one because of illness.

Monroe County Medical Society adds another 100 per cent distinction by registering every member at the Little Rock meeting.

J. B. Jameson addressed the Camden Lions' Club April 11th on "Public Health."

Val Parmley addressed the following groups on legislative policies of the medical and allied professions: Seventh District Arkansas Pharmaceutical Association, Little Rock, at its April meeting on "Closer Co-operation Between Druggists and Doctors"; Ninth District Arkansas Pharmaceutical Association, Hot Springs National Park, May 7th; Arkansas Hospital Association, Little Rock, May 9th, and Arkansas Dental Association, May 16th.

"A Retrospect and Some Brief Suggestions Concerning Acute Appendicitis," by G. E. Cannon, of Hope, appears in the April 1934 issue of the Tri-State Medical Journal.

Dr. J. A. King has recently opened a six-room hospital with a bed capacity of eighteen at Elaine.

Frank Vinsonhaler addressed the Little Rock Civitan Club May 4th on "The Life of Albert Pike."

The Journal congratulates the following on their selection:

J. M. Kolb, Clarksville, director of Lions Club.

S. A. Drennen, Stuttgart, president of Arkansas Booster Club.

H. Fay H. Jones, Little Rock, vice-commander of Little Rock Chapter Military Order of the World War.

J. T. Powell, Gravette, city health officer.

H. K. Carrington, Magnolia, city health officer.

O. R. Kelly, Sheridan, President of Rotary Club.

W. J. Blackwood, Rector, Director of school board.

C. H. McKnight, Brinkley, Director of Rotary Club.

Sixty-five physicians were the guests of the Cooper Clinic staff, Fort Smith, May 12th, to hear Dr. Louis Rudolph, of Chicago, speak on "Vertex Dystocia." A Dutch lunch was served after the address.

Proceedings of Societies

White County Medical Society met April 11th at the home of A. G. Harrison, Searcy, for the following program presented by the staff of St. Vincent's Infirmary, Little Rock:

Diabetes—S. C. Fulmer.

Spina Bifida—F. Walter Carruthers.

Amebic Dysentery—Homer Higgins.

Calcified Fetus—S. P. Bond.

Diseases of the Pancreas—George B. Lewis.

M. J. Kilbury discussed the pathological findings, and W. E. Gray, Jr., the roentgen-ray findings in the cases reported.

The Sebastian County Medical Society held its regular session in Sallisaw, Oklahoma, May 8th with Drs. Morrow, Cheek and Jones of Sallisaw as hosts for dinner. Twenty-five members attended the first meeting of this society ever to be held out of Fort Smith. Thirty-five physicians were present to hear the following program: Nephritis—H. C. Dorsey; Jaundice—S. J. Wolfermann.

J. W. Amis, *Secretary.*

Dr. Ernest Sachs, Saint Louis, addressed the Pulaski County Medical Society, May 14th on "Diagnosis and Treatment of Diseases and Injuries of the Spinal Cord."

Members of the Sebastian County Medical Society were guests of the Muskogee, Oklahoma, County Medical Society for a dinner meeting at the Baptist Hospital, Muskogee, May 14th. The following program was presented:

The Decline of Prescription Writing—C. H. Kennedy.

Some Salient Points in the Management of Labor—C. B. Billingsley.

Unusual Malignancies of the Face—D. W. Goldstein.

Dr. Harold Swanberg, Quincy, addressed the Sparks Memorial Hospital staff, Fort Smith, May 7th, and the Garland County-Hot Springs Medical Society, May 8th, on "Radium Treatment of Abnormal Bleeding," and the Craighead-Poinsett County Medical Society, Jonesboro, May 9th, on "Radium Treatment of Carcinoma of the Cervix."

The Lincoln County Medical Society held its 38th anniversary meeting at Star City May 7th, honoring B. F. Tarver, Star City and A. S. J. Collins, Monticello, the only living charter members. Guest speakers were: W. F. Smith, A. C. Shipp and L. F. Barrier, of Little Rock.

Harvey S. Thatcher, Little Rock, addressed the Southeast Arkansas Medical Society at Monticello, April 23rd.

The First Councilor District Medical Society met at Jonesboro, May 3rd, with the following scientific program:

Infections—P. M. Lutterloh, Jonesboro.

Endocrinology—W. T. Black, Memphis.

Common Summer Disorders in Children and Procedure of Treatment—R. C. Taylor, Memphis.

Classification and Management of the Average Maternity Case—S. B. Hinkle, Little Rock.

A Clinico-Pathological Discussion of the Diseased Cervix—Phil C. Schreier, Memphis.

Goiter, A Preventable Disease—E. M. Holder, Memphis.

About sixty physicians were in attendance. Ralph Sloan, Jonesboro, was elected secretary-treasurer.

F. D. Smith, *Secretary.*

The Tri-County Medical Society met at Arkadelphia, April 26th, the following program being presented:

The Allergic Individual—A. G. Cazort, Little Rock.

Osteomyelitis—F. W. Carruthers, Little Rock.

Burns and Shock from Electricity—L. Val Parmley, Little Rock.

The next meeting will be held at Hope on May 31st.

C. K. Townsend, *Secretary.*

A tuberculosis case-finding clinic was conducted by the Monroe County Medical Society at Brinkley on April 3rd and 4th, with Drs. J. J. Willingham, State Sanato-

rium, and S. C. Fulmer, Little Rock, assisting. Hugh Brown, of the McRae Memorial Sanatorium, examined the negroes. One hundred and one examinations were made and 379 Mantoux tests made. The Monroe County Medical Society met at the Rusher Hotel, April 3rd, in dinner session. The following program was presented:

Incidence of Tuberculosis—J. J. Willingham.

Classification of Diseases of the Heart —S. C. Fulmer.

C. A. HENRY, *Secretary.*

The Lawrence County Medical Society met at Alicia, May 8th, with Drs. C. C. Ball, Ravenden, and J. H. McCurry, Cash, presenting the scientific program.

Obituary

DR. S. A. COLLUM, Sr., a pioneer Texarkana physician, died at his office on the afternoon of April 26th following a heart attack. Although Dr. Collum had suffered similar attacks in the past several years, he was in apparent good health and had been performing his usual professional duties at the time of his death. Dr. Collum was born in Bowie County, Texas, September 30, 1866, and completed the grade and high schools of that county to later enter the University of Texas. Following his graduation from the University of Louisville in 1892, he began practice in Texarkana, where he grew in the esteem and affection of his fellow-citizens. He was a fellow of the American College of Surgeons, a past president of the North Texas Medical Society, a member of the Bowie-Miller County, the Texas State, the Arkansas and the American Medical Associations. He was one of the organizers and at the time of his death, president of the Texarkana Hospital. He was a member of the Rotary Club of Texarkana, which has honored his memory by designating its annual contribution to the rehabilitation of crippled children, to whom Dr. Collum had devoted many hours, as the Collum contribution. For several years he served as an officer and member of the Board of Health of Texarkana, and was an elder of the First Presbyterian Church. He is survived by his wife, two daughters, Mrs. G. O. Gantt, of Houston, Mrs. James F. Warren, of Texarkana; one son, Dr. S. A. Collum, Jr., and two brothers, John and Bob, of Texarkana.

DR. ALBERT I. MOORE, Fayetteville, age 72, died at his home May 8th. He graduated from the University of Michigan in 1884 and first located at Hindsville, joining his brother, the late Dr. John Moore. He moved to Fayetteville in 1895. In addition to his wife, two daughters and a sister, he is survived by a brother, Dr. Will Moore, of Rogers.

DR. C. B. PATTON, aged 90, a retired physician, died at his home in Batesville, May 3rd. He was a graduate of Tulane University and had practiced medicine fifty years. He served with the 21st Texas Cavalry throughout the Civil War. He is survived among others by his daughter, Mrs. J. M. Hooper, of Batesville.

DR. OLEANDER HOWTON of Luxora, died at a hospital in Memphis May 7th, 24 hours after he had arrived at the hospital to accompany his wife, who had been confined there two weeks, back to Luxora.

A native of Dawson Springs, Ky., Dr. Howton practiced medicine in Mississippi county, Arkansas, 25 years. He was at Osceola before going to Luxora. He was a graduate of the Hospital College of Medicine, Louisville, in 1903.

Besides his wife, Dr. Howton is survived by a daughter, Mrs. John Thweatt of Luxora, and a brother, Lonzo Howton of Osceola.

ANNOUNCEMENT

The Gynecean Hospital Institute of Gynecologic Research of the University of Pennsylvania, is conducting an intensive study of families into which congenitally malformed individuals have been born.

Special interest centers in families in which malformations have appeared in two or more children. Physicians who have knowledge of any such families are urged to communicate with Dr. Douglas P. Murphy, Gynecean Hospital Institute, University of Pennsylvania, Philadelphia, Pa.

PROCEEDINGS

OF THE

FIFTY-NINTH ANNUAL SESSION

OF JHE

ARKANSAS MEDICAL SOCIETY

Little Rock, April 16, 17, 18, 1934

HOUSE OF DELEGATES

Monday Morning, April 16

The House of Delegates was called to order at 9:30 a. m. by the President L. J. Kosminsky.

The roll of delegates was called, which disclosed a quorum present.

Joseph Shuffield, of Little Rock, J. G. Gladden, of Western Grove, and Wm. Johnson, of Hardy, were appointed as credentials committee.

By motion the minutes of the 58th Annual Meeting as published in the July, 1933, issue of the Journal were adopted.

Fay Jones, of Little Rock, H. Moulton, of Fort Smith, and Earle Hunt, of Clarksville, were appointed Reference Committee.

The next order of business was the president's address by L. J. Kosminsky:

Gentlemen: I will not give you an address, because I have a message to deliver this afternoon to the General Session, but the program committee put me down for one before you. I just want to make a few remarks, to tell you that it has been an extreme pleasure and a distinct honor to serve you to the best of my ability as President of the Arkansas Medical Society, Arkansas the State of my birth and of my rearing. No man can feel prouder or happier to occupy this position than I have been. No matter what position I might ever hold in the future, there will be none more gratifying to me than that of representing my own profession. The past year has been a hard and trying one, but I am happy to report that our membership is near the 900 mark, although there are a total of 1,800 or 2,000 physicians who are eligible to membership. So you see that organized medicine has a minority. Now, gentlemen, when we stand on the inside with 900 members, and on the outside there are about 1,100, we haven't that hearty co-operation and the organization that we should have. Gentlemen, if you want to accomplish anything, there must be unity; unity in strength, unity in purpose and unity in power. I sincerely hope that the members who are present and those who have seen fit to become members of the society will consider it their duty as members to try and get every eligible physician in Arkansas to become a member of his component county society and thereby a member of the state society.

There are a good many things that the members of the Arkansas Medical Society might be able to do. According to statistics, the national mortality rate in Japan was only 2.7 per thousand as compared to 6.7 in the United States, this record covering a period of 25 years. It has been shown that 65 per cent of the deaths among mothers in child birth could be avoided if better care were taken. That doesn't sound very good for a country as far advanced as ours. This applies to the entire country, and it is high time that laws should be passed confining the care of maternal cases to educated and properly equipped men. The future advance of our country rests with the oncoming generation. If we have such a large death rate in this country as compared to Japan, it must be the fault of the legislatures in the various states in permitting midwives to practice in confinement cases, with uncleanliness and insanitary conditions necessarily following. I hope that the next legislative committee will take this message to heart and see if we can not correct this evil.

Gentlemen, there is another thing that the medical profession has neglected, which I have tried in my feeble way to impart to the profession in my various visits over the state. The medical profession forgets to exercise its right of franchise on election day. There is no set of men anywhere who are better qualified to pass on a man's qualifications for any public office. Why shouldn't the doctor be better qualified to tell you if any man, whose family he has ministered to in sickness and distress, is fit to fill a public office? It is your duty and my duty in this coming election to see that we send men to the legislature and to various offices in the various communities in the state and nation who are unbiased, men who are broad enough to give every one an equal share and an equal right. That doesn't mean that the medical profession should run the politics of the state but the medical profession

must realize that it is their duty to their community, to their state and nation, to see that men who are broad, qualified, men of the right type, good, noble, and upright men, should fill these offices, and we should let our friends know the kind of men we are supporting.

Now, in seeking support for the various charities, the parties at the head of the campaigns seek the doctors, figuring that the doctors should donate a big lump sum, and they put him down for such, never stopping to realize the amount of charity that the doctor does. There is not any man, who has the honor and distinction of being called a doctor, who has ever refused in time of emergency to bear his share. In fact, he has always done more. And I want to say that there is no set of men in the state of Arkansas who are broader, higher-minded men than the men who are members of the Arkansas Medical Society.

Gentlemen, I hope you will bear in mind that this has been an extremely hard year to me because the old wheel horse, the man who lived, who ate, who slept and who dreamed organized medicine was taken from us early in my administration, a man who I intended to lean on with all power and all force, a man you all knew and loved, a man lost not only to the Arkansas Medical Society and the medical fraternity, but to this great country of ours, and I speak of none other than our departed secretary, Dr. Bathurst. I will ask this House of Delegates to rise now in a 30 second silent devotion to memory of Dr. Bathurst. (The House stood in silent devotion.)

When the Council met to elect his successor, they chose a young man of Fort Smith, Dr. Brooksher, and in all sincerity, gentlemen, I want to say that that young man has done wonderfully well. I have never called upon him, morning, noon or night, to meet me in any section of the state that he has not responded. It is going to be a task for anybody, I don't care who it might be, to fill the shoes of our departed secretary. It is going to take many and many a year for this man to become acquainted with the surroundings, because the man we lost governed without any ostentation. He was mild, meek and friendly to every one; you never got an opinion from him unless you pumped it out of him; and the man who can live that kind of life and depart loved and respected by every one has a great task before him.

Now, it is up to the members of this society to lend their co-operation to those who advertise in our Journal by patronizing these advertisers, everything else being equal. When you pass in and out of this hall, stop at the exhibits they have. These men are friends of the Arkansas Medical Society. They spend their money to display their exhibits. Let's spend a few moments of our time by giving attention to them and looking at their exhibits. We can increase the advertising in our Journal by telling these men who furnish the advertising that we patronize them because they are friends of the Arkansas Medical Society, having proven so by their advertising in the Journal.

Gentlemen, I want to thank each and every member of the various committees for their hearty support and co-operation during my administration the past year, and I want to say in behalf of the chairman of the Council, whose report you received, that he was ever alert and fought to the last ditch to have the fee bill as adopted by your committee approved. But, gentlemen, as I say, when you have eight or nine hundred members of the profession in the society out of a probable total of two thousand, you know no one is going to listen to you.

Now, a great many men will say, "Well, what good is there in belonging to the medical society?" When a large insurance company wants a man to examine for them, when a large industrial company wants a surgeon or a physician to work for them, or a railroad company, they are not going out into the field and pick a man who doesn't believe in organized medicine. And you wonder why. Because the legal fraternity is just as well organized as any body of men and when they put you on the stand, they will ask you, "Dr. Brown, you are a graduate of what school?" and you tell him. "Doctor, you practice where? How long have you been practicing there?" And they go as far as to ask you your age, and I get by by saying that I am almost as old as Texarkana, because I was born there, and they never get my age. Then they will ask you, "Doctor, do you belong to your county medical society?" You say, "No, I don't." "Well, doctor, why don't you belong to your medical society?" "I don't believe in it." Well, now, don't think for a minute that that lawyer will not say to the jury, "Gentlemen of the jury, the defense has Dr. So-and-So who practices medicine in this town but he doesn't belong to the medical society because he doesn't believe in it. Now, gentlemen he won't tell you the truth about these things. The fact is that he doesn't belong to organized medicine because the high-type practitioner who believes in organized medicine, who believes in medical societies, doubts this man's integrity, and they won't let him belong, and if the men who know his qualifications and know him as a man can't believe in him, how can the members of this jury believe in him." A great many of you may differ with me on that point but when you stop and think of it you will see that I am right.

Now, if I have neglected my duty in any sense of the word, it has been of the mind and not of the heart. The friendships I have made in the past year will linger with me until my dying day. And I want to thank each and every one of the medical profession and the Auxiliary for their honest co-operation and their loyal support in the past year. I thank you. (Applause.)

Dr. Gann: The House of Delegates appreciates Dr. Kosminsky's message.

The reports of the standing committees were next received.

SCIENTIFIC PROGRAM

R. B. Robins, Chairman

The results of the efforts of our committee are before you today, tomorrow and the next day. We hope we have provided a three-day session and program here that will meet with your approval, both scientifically and socially. Your committee began work on this program immediately after its appointment and has worked diligently all through the year in order to provide something for you that is worth while. We hope we have succeeded. You will have to be the judge of that. It is the opinion of this committee, and we would like to so recommend, that the papers of our out-of-state guests not be open for general discussion but all other papers, as has been the custom in the past, will be open for general discussion. Since our program is full, we believe that all discussions should be very brief and to the point.

We want to thank those who are taking part in this program for their generous contributions. I want to take this occasion to thank the other members of the Program Committee, Drs. Geo. F. Jackson, L. H. Lanier and W. R. Brooksher for their splendid help and co-operation. We have enjoyed serving. I thank you.

SCIENTIFIC EXHIBIT

H. Fay H. Jones, Chairman

We have tried to give you a good exhibit this year. There are many interesting exhibits. Dr. Kosminsky said awhile ago to be sure and stop and encourage the men by showing your interest. One man said he had an exhibit at different meetings and had never seen any one look at it. I told him he was all wet, because I looked at it myself for one, and knew several others had.

We hope you will enjoy them. The men on the committee with me have given me loyal and helpful support, and I am very glad to be able to do my part.

REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION

Mr. President and members of the House of Delegates of the Arkansas Medical Society:

The Committee on Medical Legislation met, in response to the call of the chairman, at breakfast April 16th to consider this report and certain recommendations contained herein. Our President, L. J. Kosminsky; our President-elect, F. O. Mahony; our Secretary, W. R. Brooksher, and our Legal Adviser, Hon. Peter A. Deisch, were also guests of the chairman at this meeting. There were several extraordinary sessions of the Legislature since our last meeting but no problems of consequence to the medical profession were considered during any of those sessions except the small percentage of tax receipts from beer sales allotted to the Arkansas Children's Home and Hospital. Therefore there has been no occasion for a previous meeting of the Committee on Medical Legislation.

Nationally, legislation of considerable interest to the medical profession has proceeded to a climax. The bills referred to concern the restoration of benefits to veterans. The compromise bill was passed by both Houses of Congress, vetoed by the President and repassed over the veto, as no doubt all of you are fully aware. The chairman of this committee was advised, on several occasions, to contact our representatives in Congress expressing our views and our objections. The chairman immediately got in touch with the members of this committee, members of the Council as well as officers of the Society, and our representatives in Congress were flooded with telegrams and letters. We have received answers from all our representatives to Congress but apparently politics over-shadowed the better judgment of most of our representatives and one senator to the extent that Congressman Terry and Senator Robinson were the only votes from Arkansas sustaining the President's veto. It behooves all of us to remember this.

Several bills have been proposed for consideration in the forthcoming regular session of our state Legislature and have been under the consideration of this committee for some time. The bills referred to deal with workmen's compensation laws, restriction of the indiscriminate sale of certain somnifacient and sedative preparations, administration of anesthetics by doctors of medicine only and certain limitations upon legal procedure in damage suits for malpractice.

Arkansas is one of the three states not having a workman's compensation law. Your chairman is in the midst of a study of various laws in force and some that have been proposed. Your committee believes that such a well-founded law should be enacted.

Several states have a law on their statutes requiring prescriptions signed by doctors before certain somnifacient and sedative preparations may be dispensed. A conference recently with a group of representative druggists, who officially represented the Little Rock Drug Club, on this subject convinced us that the druggists of Arkansas will co-operate heartily in the passage of such an act.

The committee is informed that only four states have laws concerning the administration of anesthetics. The proposed bill provides that only those persons holding the degree of Doctor of Medicine shall administer anesthetics except in extreme emergencies when another physician is not available for that purpose. Other minor points concerning the administration of anesthetics are included in the proposed bill. It is estimated that fully 50 per cent of anesthetics are administered by nurses, undergraduates and others who are not competent as physicians.

A bill has been proposed for limiting the time for institution of a suit for damages for malpractice to one year following the alleged act of malpractice.

No doubt the new committee on Medical Legislation greatly appreciates hearing from members of the profession on these proposed measures. In this report we have called attention to a num-

ber of existing evils that should be corrected but it is not the intention of this committee to initiate all subjects considered herein in the Legislature.

This committee wishes to remind the profession of the state that elections will soon take place. We have for years been encouraging the members of the profession to become politically minded and to take an active interest in elections. Lack of concerted action and preparation has caused us many anxious hours. You will no doubt hear more on this subject from your new committee chairman.

In conclusion we desire to thank our president for giving us this opportunity to serve the Arkansas Medical Society during the past year in the capacity of the Committee on Medical Legislation.

Respectfully submitted,

VAL PARMLEY, Chairman.
M. L. NORWOOD.
CHAS. K. TOWNSEND.
R. L. ARMSTRONG.
W. T. LOWE.
J. R. PARKER.
J. G. MARTINDALE.

HEALTH AND PUBLIC INSTRUCTION

W. B. Grayson, Chairman

The committee on Public Health desires to submit the following report:

Very little information is to be offered from the time of the last State Medical Meeting until June 14th, 1933. On June 14th, 1933, a new State Health Officer, W. B. Grayson, was appointed, succeeding C. W. Garrison.

The new State Health Officer has pledged his co-operation with the medical profession of the state and has inaugurated three policies which the State Health Department is endeavoring to live up to, i. e.:

(1) That the personnel of the State Health Department shall not practice medicine in any form or fashion.

(2) The discouragement of free wholesale immunization clinics, and

(3) The discontinuance of free wholesale tonsillectomy clinics, unless the County Society desires to put on such a clinic. The State Health Department does not believe in this type of clinic but if a County Society desires to put one on, the State Health Department will co-operate rather than endeavor to stop it.

Due to financial conditions, the appropriation for the state Health Department was cut fifty-two per cent by the 1933 regular session of the legislature, resulting in reduction of the personnel, with the abolishment of certain field offices. It has been very difficult to secure funds to retain the nursing personnel; however, after several conferences, Federal funds were obtained to supplement the state funds, and at the present time we have at least a public health nurse in all counties but three. The funds obtained from the tax on insurance policies have decreased considerably due to so many people allowing their insurance policies to lapse. This, with the deplorable financial condition of nearly every county in the state, has worked a great hardship on the State Health Department in keeping the nurses in the field.

We are endeavoring to our utmost to keep our nursing activities from encroaching upon the rights of the practitioners of the state. We are co-operating with the County Medical Societies in the assignment and activities of the nurses. We are very happy to report that at this time there is no friction between the State Health Department and the County and State Medical Societies. We shall always encourage the reporting to the State Health Department of any local difficulties which might arise between organized medicine and public health.

A summary of communicable diseases prevalent in the state since June, 1933, might be listed as follows:

We are glad to report that during the serious outbreak of encephalitis in St. Louis during the summer and fall of 1933, only three or four definitely diagnosed cases were found in our state.

There seems to be much more malaria in the state this year than in the past several years, probably due to many factors, such as lack of screening and repairing of screens, inability to properly drain or oil stagnant ponds of water, and the low financial condition of many of our people, making it impossible to purchase quinine for preventive measures.

During the months of December and January a rather serious outbreak of epidemic cerebrospinal meningitis occurred at the Tucker Prison Farm. There were eleven cases in all, with seven deaths. Considering the exceedingly crowded condition of the stockades in the two camps in which this outbreak occurred, we feel that, with only seven deaths, good work was done in stamping out this disease. The United States Public Health Service co-operated by sending an epidemiologist to help and to study the situation. We are sorry that no new information was obtained regarding this disease by the study of this outbreak.

In two or three schools of the state a rather serious outbreak of diphtheria occurred; however, no great number of deaths from this disease were reported to the office of Vital Statistics. The new prophylaxis by the Alum Precipitate Toxoid makes it easier to inoculate more individuals, especially children, by the one dose method.

Scarlet fever epidemics were about as usual over the state, and although it is known that one state health department is using a prophylactic serum for scarlet fever, which requires five inoculations, the State Health Department of Arkansas does not encourage this method of prophylaxis in scarlet fever for the reason that so many separate inoculations make it rather difficult of performance. And also, the period of immunity is indefiite, probably lasting only about one year.

There has been an unusual outbreak of measles over the state, and the latest authorities have not thrown any new light on the subject in regard to prevalence or treatment. It is definitely known that the incubation period is fourteen days in measles, and it has been proven that the last three or four days of this incubation period is really the period of invasion.

In November the United States Health Service and the State Health Department, in co-operation with the Civil Works Administration, instituted a state-wide sanitation program for the construction of sanitary pit privies, and also a malaria control program for the malarial section of the state. The combined programs employed about five thousand five hundred men, and the general reaction of the people of our state would indicate that it was favorably accepted by everyone. Over one thousand miles of shallow drainage ditches were completed in the malaria control program and close to sixteen thousand sanitary privies were constructed in the Sanitation Program. Efforts were made to include screening of houses and also laboratory procedure in the malarial control program, but this was consistently refused by authorities at Washington.

Over two hundred fifty unemployed graduate nurses were assigned through the State Health Department, in co-operation with the Civil Works Service, to assist our regular county health nurses and to do child hygiene at various schools over the state, as well as to conduct home hygiene classes in various counties.

Public health work in this state has made favorable progress according to reports from the United States Public Health Service and from the Rockefeller Foundation. No funds have been allotted by the Rosenwald Foundation during this period.

The Public Health Service has rendered invaluable aid to cities and communities in approving and helping several cities to secure sewerage and water disposal plants or repairs, and extension of present water sewerage through co-operation of the Public Works Administration.

There has been no law in this state regarding the licensure of midwives. The State Health Department regulates the practice of midwifery in this state, and in a great many instances permits were refused due to the fact that the applicant did not have the approval of the physicians in her community. Every effort will be made to keep this practice within bounds according to the particular counties.

W. B. GRAYSON, Chairman.
J. F. WILLIAMS.
F. O. ROGERS.
PAUL MAHONEY.
J. D. RILEY.
A. S. BUCHANAN.

REPORT OF CREDENTIALS COMMITTEE

Dr. Shuffield: I wish to announce that the committee has carefully checked the card registrations against the records and the credentials, and while quite a number are absent, those present have been duly qualified.

CANCER CONTROL

W. Decker Smith, Chairman

Mr. President and Members of the House of Delegates:

Your Committee on Cancer control followed during the past year a definite policy arranged in conjunction with the American Society for the Control of Cancer.

Heretofore this committee has set aside a week to be devoted to cancer control. The committee and representatives of the National Society on the control of this disease believe that this important subject requires a continued program, extending through the entire year. A definite five-year program has been formulated in which the committee hopes to accomplish something definite in the early recognition and treatment of the disease.

Realizing the fact that the family physician is the key-man in cancer control, our object is to create a yearly symposium in each component part of the state medical society to stimulate greater interest in study, control and cure of cancer. This year a symposium of tumors of the uterus is being followed and a large number of the county and district medical societies have responded with medical and surgical papers on this subject. This society through the courtesy of the American Society for the Control of Cancer, has available moving picture films, lantern slides and medical papers for use by the various county and district medical societies in their programs. These films and slides are deposited with the University of Arkansas Medical School and can be obtained by either writing to the chairman of the Cancer Control Committee or H. S. Thatcher of the Medical School.

The Canti film and various medical pamphlets for distribution have also been made available to the state society to be used in public health and lay meetings and have been used by some of the county and district societies during the past year.

An interest in this subject must be created in the mind of the laymen so they may realize that the disease is curable in its early stages. They must be acquainted with the early symptoms and the importance of frequent periodic examinations by their family physician of all suspicious lesions. For this purpose a series of newspaper articles have been prepared by national authorities on the disease and which have been censored by your Committee on Publicity. These articles are to appear in various newspapers of the state in the near future.

In regard to newspaper publicity, there has been some difficulty in obtaining the co-operation of newspapers with large distribution. I speak particularly of the Arkansas Gazette which has refused to publish such articles because of the fact that the managing editor "does not feel that sufficient interest will be aroused by the articles to justify their publication." It appears to me, personally, that this is not the proper attitude for one of our largest state institutions to take, especially when it is a public health measure aimed at the improvement of one of the most

dreaded and destructive diseases with which the human race is afflicted.

We are trying to have established, definite courses pertaining to all phases of cancer in the nurses' training schools in the various hospitals of the state, and text books for instructions in this disease have been furnished to the respective superintendents.

A recent communication from the managing director of the American Society for the Control informs your committee that due to curtailed financial support of their organization, it will be handicapped during the coming year. It seems likely that the national societies will have to make a nomimal charge for literature and for the preparation of material for next year's program. They are asking for donations from our state in the amount of $500.00 in order that this important program may be continued. Just how this money is to be raised is not quite clear to your committee, but we feel that sufficient interest should be obtained in our state to raise the amount asked for the continuation of this work.

In conclusion, I wish to thank the other members of the committee for their help and also Dr. Cox, Southern Field Representative and his staff of the American Society for the Control of Cancer, who have been very helpful at all times with the program sponsored by our medical society.

W. DECKER SMITH, Chairman.
D. W. GOLDSTEIN.
B. E. HENDRIX.
L. A. PURIFOY.
CHAS. S. HOLT.

CONSTITUTION AND BY-LAWS

D. A. Rhinehart, Chairman

Dr. Rhinehart: The Committee on Constitution and By-Laws calls attention to the constitutional changes that have been printed on page 11 of the program. These were presented and read at the last annual session. The constitution provides that they be held over for a year and published twice during the year, which has been done, and brought up for final adoption at the succeeding meeting. Is it the pleasure of the House of Delegates that these changes be taken up one at a time, read and adopted singly, or would you prefer to have them all adopted as a whole?

By motion the amendments were adopted as a whole.

PUBLICITY

Jerome S. Levy, Chairman

The Committee on Publicity met at the Albert Pike Hotel on March 1st, 1934. Dr. D. A. Rhinehart met with us as our guest. Your committee discussed various publicity features with a view to a campaign for medical education of the public.

The rapidity of changes for the past few years has taught American people to think more actively about government affairs. This has stimulated the minds of the people and has made them aware of the need of progressive views. It is fitting that at this time the medical profession should be "actionary," rather than "reactionary" and wage an intensive campaign to inform the public of the great progress which has characterized our profession during the last decade. We have left it to the newspapers in their quest for news to publish whatever new discoveries have stood the test of research and clinical experience. We have also half-heartedly answered criticisms of our medical economics. Press dispatches headlined the accusation that "Doctors Were Plumbers" and that "Some 40 per cent to 60 per cent of Appendectomies are Unnecessary." However, Doctor Dean Lewis' answer was given but little space. We owe it to ourselves to adopt a plan of publicity which would eliminate such occurrences whose aftermaths are so potentially dangerous. With this in mind your committee makes the following recommendations:

1. That the Arkansas Medical Society carry on an intensive publicity plan under the direction of a committee on publicity.

(a) That this plan encompass articles and speeches on medical progress, medical subjects of general interest, dissemination of the principles of preventive medicine, and to explain the importance of the maintenance of high ethical standards.

2. This program to be carried out by several methods, each of which may be used.

(a) The first method is utilization of the newspapers for short concise articles written by various members at the request of the committee and distributed by the committee. These should be given out as under the auspices of the committee on publicity of the Arkansas Medical Society. They should be written under a definite plan and released for publication in accordance with the workings of this plan. The committee has choice of one of several methods of release, namely: through each county society whose responsibility will be to place them in the respective county newspapers; for the committee to send them direct to the newspapers or syndicate them through the Western Newspaper Union or some similar agencies. The committee feels that advertisements in the papers and over radio broadcasts are too costly at this time for the medical society's finances.

(b) The second method is through the effective working of a Speaker's Bureau. The committee had in mind the organization of a State Speaker's Bureau. This would be composed of physicians selected by the committee because of their ability as speakers as well as for their medical knowledge. They would be used as a nucleus of a larger body which would be formed as the plan becomes workable. These men would be asked to prepare talks of various lengths on specified subjects and to hold themselves in readiness to appear on a week's notice before various civic clubs; Parent-Teacher Associations, school assemblies or public programs of various sorts. Your committee would then be in position to notify the secretary or president of a given organization, say a

PTA, that it was prepared to give a series of talks on health subjects of particular value to the parents and teachers of the school child. The committee could also notify a given civic club that a capable speaker with an important civic message on health was available to address that club. We would thus be able to build up a public confidence which our silence has strained. These speakers, of course, could be exchanged between counties as we well know a "prophet is without honor in his own county."

JEROME S. LEVY, Chairman.
S. J. HESTERLY.
EARLE H. HUNT.
F. E. BAKER.
E. L. BECK.

CHILD WELFARE

S. A. Drennen, Chairman.

To the Fifty-Ninth Annual Session of the Arkansas Medical Society:

We, your committee on Child Welfare, beg to report the following:

In so far as the committee has been able to ascertain from investigation there has not been any definite program outlined by the Arkansas Medical Society pertaining to Child Welfare.

The problem of child welfare to our organization is only that of looking after the physical and mental condition of the child. And, as we are all aware these conditions have been met by the individual practitioner. Your committee has investigated the programs of other organizations pertaining to child welfare and have found some rather interesting statistics. It would be most surprising to this organization to know the number of handicapped children in twenty-three counties of this state which were surveyed by the child welfare department of the American Legion and the available statistics of our Public Health Department are also very interesting.

Time will not permit us to go into statistics in regard to the different kind and numbers of handicaps but suffice it to say that they are in greater numbers than even we of the medical profession are led to believe. Your committee believes from a thorough study of this subject that it is too large for one single organization to attack, and that if the handicapped children of this state are to receive what they are justly entitled to it will only be through a concerted effort of all organizations having to do with this particular subject. As you know there are a great number of the different organizations having their child welfare departments and we are quick to admit that they have done and are doing their very best which we know is very little. We believe the moneys that these departments have and are expending in this field could be handled by one particular organization we would get somewhere and in conclusion your committee would strongly recommend the endorsing by the Arkansas Medical Society a department to be created by the General Assembly of this state to be known as the Department of Public Welfare. Investigation of the same departments of other states leads your committee to believe that this would be a happy solution to this perplexing problem.

Respectfully submitted,

S. A. DRENNEN, Chairman.

DISEASES OF THE HEART

A. G. Sullivan, Chairman.

To the President and Members of the House of Delegates:

The death rate from heart disease in Arkansas in 1932 (the latest year for which statistics are available) was 99.6 per 100,000 population. This rate was the lowest of any state in the Union and compares very favorably with the highest rate, that of 323 in New Hampshire, and with a rate of 224 for the United States, as a whole. Whereas for the United States as a whole, the mortality rate from heart disease increased from 214 to 224 per 100,000 population, from 1930 to 1932; the Arkansas rate declined from a peak of 117 in 1930 to 99 in 1932. It might be added that in 1932 in death rates from all causes, Arkansas ranked 4th from lowest in the United States with the gratifying low rate of 873.9 per 100,000 population.

Despite this improvement, however, heart disease is still causing far more deaths in Arkansas than any other agency. There is at present no way of breaking down these statistics in order to obtain information as to the etiological factors involved. Even though physicians follow closely the International List of Causes of Death in making out death certificates there is still a great deficiency in this respect. The list was revised in 1930 and includes under general classification "Heart Disease" the sub-headings:

Pericarditis,

Acute endocarditis,

Chronic endocarditis, valvular diseases,

Diseases of the myocardium,

Diseases of the coronary arteries and angina pectoris, and

Other diseases of the heart.

Unfortunately for any purpose of analysis about 88 per cent of all deaths attributed to the general classification of heart disease are listed under the heading "other diseases of the heart," or just "heart diseases." A survey is being undertaken by your committee among several men in the state particularly interested in heart disease to determine what etiological factors are most prominent. That is, what percentage of heart disease in their private, clinic and hospital practice is attributed to rheumatism, syphilis, arteriosclerosis, hypertension, etc. By applying these morbidity figures among the native white population to the mortal-

ity statistics it is hoped that a clearer picture of heart disease in the state of Arkansas may be presented to the medical profession.

A. G. SULLIVAN, Chairman.
O. C. MELSON.
A. W. STRAUSS.
W. H. BRUCE.
R. C. DICKINSON.
P. H. PHILLIPS.

REPORT OF THE COUNCIL

M. E. McCaskill, Chairman

The past year, in so far as the activities of the Council were concerned was very unhappy and disappointing.

The death of Dr. W. R. Bathurst, the secretary and editor of the Journal was a profound shock to all of us and it was with the realization of our great responsibility that we set about to select a successor to serve until this meeting. Fortunately, there was available Dr. W. R. Brooksher, in whom we have the utmost confidence, and it was our pleasure to select him.

The various Councilor District Medical Societies are thriving and it is believed they will continue to grow from year to year and function in a sphere that is beyond either the county or state society.

Since August of last year the Council has had its various regular, special and committee meetings, as well as by correspondence participated in a fight with the administrator of Federal relief for a fair fee schedule for the doctors who were called upon to render medical aid to those indigent persons who were being cared for by the government. The matter was considered of such great importance and the fee schedule which had been thrust upon us so unfair and unreasonable that a spirited effort was made to secure a revision. The organized medical group was not consulted and there was no agreement between the state administrator and the society as there should have been, had the law been carried out as it was written. We continued our efforts until at the meeting on March 21st last, we were advised by the state administrator that under the new relief set-up, to be in effect on April 1st, medical relief would be discontinued.

It is to be hoped that each and every member of this society and each component society, will not forget that the schedule was forced upon us by an unsympathetic state politician and never at any time did we agree to accept it, nor recommend to the members that it was fair; especially, since it cared for only a part of our charity load and that on a very inadequate basis. To work under the schedule a physician had to either render inferior service or pay for the privilege of having charity patients referred to him.

Let us accept this experience as a lesson never to be forgotten, that the so-called state medicine would be a mortal blow to the art of the practice of medicine as we now know it and of which we are so proud.

M. E. McCASKILL, Chairman.

HOSPITALS

W. F. Smith, Chairman

To the Members of the House of Delegates:

Hospital standardization has had for its fundamental idea throughout its sixteen years of existence improvement in the care of the sick and injured and has resulted in a direct benefit to all classes.

The improvement in hospital equipment and service, the raising of the standard of the medical and surgical staff so that only full graduates of medicine, licensed and in good standing, competent in their respective branches and of good moral character be permitted to treat patients, has brought about far-reaching results.

In a properly organized and conducted hospital it is essential that there be a well-functioning staff, either closed or open, which will meet at regular intervals to review and analyze the work in the hospital. Complete histories must be prepared with a working and a final diagnosis, there should also be a clinical and X-ray laboratory provided, or at least be available. In 1918, only eighty-nine hospitals in the United States could meet the requirements, today 2,384 are meeting them, which shows a commendable progress. Twelve and nine-tenths per cent met the requirements in 1918, while today 67 per cent are approved. It is urged that the importance of regular staff conferences be not overlooked as these meetings will result in much good, not the least of which is the co-operation and good fellowship which always should, but many times does not, prevail.

The status of the case record has been much discussed. It is generally accepted that the patient has the right to the use of his record and that no person has the right to access except by his specific orders. The consent of the attending physician should be secured when possible. In any review or analysis of cases the identity of the patient should not be revealed, and the hospital should not exhibit the record without a subpoena from a court.

The laity has for some time realized that obstetrical service should be had in a well-equipped hospital. In the most of our hospitals the physical equipment for the care of maternity cases is adequate, this equipment providing for the segregation of obstetrical from other patients and nurses who care exclusively for these patients are provided. There should be a new-born nursery with isolation provided when required. This should also be true of the delivery room, which should never be in any way associated with the general operating room. Records should be accurately kept, especially of the new-born. Maternity mortality has not decreased in the United States during the last thirty years and the greater part of this maternal mortality is preventable. This is our excuse to stress the great necessity for those in charge of our hospitals to make and enforce the strictest of regulations for their obstetrical practice. A hospital should, and can be the safest place for the expectant mother.

We feel that much is yet to be accomplished in the field of cancer control. How this can be brought about is a question we are not prepared to answer. It is suggested, however, that the doctors who are interested in this work might devise some plan whereby the supply of radium could be pooled and made available when massive exposure is indicated. We find that many of our hospitals have been earnestly striving and succeeding in improving their facilities and conditions.

According to the Hospital Standardization Report of the American College of Surgeons for 1933, we find the following concerning Arkansas Hospitals.

Total Number of Hospitals Approved	20
Fully Approved	17
Provisionally Approved	3
Percentage of Hospitals Fully and Provisionally Approved	57.1%

As to bed capacities the following is shown:

	Fully Approved.	Provisionally Approved.	Not Approved
25 to 49 beds	1	0	10
50 to 99 beds	5	3	4
100 and over beds	11	0	1

The 1934 survey is under way but is not as yet complete. Thirty-five hospitals are under survey but it is not known how many additional hospitals have been put on the list. It is known, however, that one hospital, a Little Rock institution, is still off the approved list after having been on for several years.

Your committee feels that progress is being made in the equipment and operation of our hospitals.

W. F. SMITH, Chairman.
M. J. KILBURY.
W. G. HODGES.
R. L. SMITH.

FRATERNAL DELEGATE

To the Members of the House of Delegates:

Through the kindness of President L. J. Kosminsky I was honored by being designated the fraternal delegate from the Arkansas Medical Society to the Texas Medical Society which met at Fort Worth in May 1933.

From the time I presented my credentials to Dr. Holman Taylor, the genial secretary of the Texas Medical Society, to the time I boarded the train for Little Rock I was the recipient of courteous and spontaneous hospitality.

I attended the meeting of the House of Delegates and extended the fraternal greetings of our society. An expression of reciprocal good will was quickly forthcoming.

I was particularly impressed with the manner in which their meeting was conducted. The program of the proceedings and the report of the chairman of each committee was printed in a neat volume. These reports were at times quite voluminous and the compilation must have been rather expensive. The treasurer's report, however, showed a cash balance of over $90,000.

Our president, Dr. Kosminsky, was also present and, upon invitation, made a fine talk.

I had the pleasure of attending the meeting of the Texas Railway Surgeons, an adjunct of the Texas Medical Society. Many subjects of interest were discussed. The formation of a similar adjunct to the Arkansas Medical Society is urged for your consideration.

The last event of the day was a barbecue dinner at the beautiful country estate of a hospitable Texan whose vocation is the production of oil, his avocation being the practice of medicine in Fort Worth.

W. F. SMITH.

REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS

The State Medical Board of the Arkansas Medical Society has held four meetings since last April. There was only one new member appointed during the past year, L. T. Evans, Batesville, succeeding Sam J. Allbright, Searcy, whose term expired. A special meeting was called on June 19, 1933, for the purpose of re-organizing, and the following officers were elected: W. W. York, president;, Ashdown; W. T. Lowe, vice-president, Pine Bluff, and A. S. Buchanan, secretary-treasurer, Prescott. Wm. A. Snodgrass, Little Rock, W. T. Lowe, and the secretary were named the committee on schools and reciprocity.

The following list contains the entire membership of the Board at the present time and information regarding each member's term, date of appointment and date of expiration of his present term:

NAME	Term.	App'd.	Exp.
W. W. York, President, Ashdown	Second	1931	1935
W. T. Lowe, Vice-President, Pine Bluff	Second	1933	1937
A. S. Buchanan, Secretary-Treasurer, Prescott	Second	1933	1937
Wm. A. Snodgrass, Little Rock	First	1931	1935
W. H. Mock, Prairie Grove	Second	1933	1937
W. W. Verser, Harrisburg	Second	1931	1935
L. T. Evans, Batesville	First	1933	1937

There have been several difficult and unpleasant problems brought before us for disposal. In our official acts pertaining to these cases it has been our endeavor to administer the law with impartial fairness to all concerned, and yet we have tried to carry out what we believed to be the desires of this society as expressed in the statues. We have also tried to maintain the present standard of medical education and licensure which is recognized by the American Medical Association.

Before an applicant is granted a license by reciprocity or before an applicant is permitted to appear before the Board of examination he must produce satisfactory credentials proving his character and qualifications. These credentials always receive our utmost scrutiny. In connection

with this statement I wish to take this opportunity of passing a bit of personal comment upon the work of the Basic Science Board. It is my own personal opinion that the enactment of the Basic Science Law in this state has been a great asset and a safeguard for the medical profession and the people of Arkansas. Through the provisions of this act it is almost impossible for a candidate to secure license for any purpose other than that of engaging in a worthy and legitimate practice.

Two licentiates were cited for trial before the Board because they had been convicted of a crime involving moral turpitude and their licenses were revoked. Because of one of these revocations the Board is now involved in litigation. However, as it now stands, the license is revoked. After a careful investigation, one license which had formerly been revoked was restored.

There were forty-four candidates who appeared before the Board for license by examination. Forty-three of these successfully passed the examination and were issued certificates. Forty-one were graduates of the University of Arkansas School of Medicine, one was a graduate of Woman's Medical College of Pennsylvania, one was a graduate of the University of Tennessee Medical School and one was a graduate of University of Vienna, Austria, Faculty of Medicine.

Fifteen applicants were issued license by reciprocity as follows:

California (1), Iowa (1), Kansas (2), Louisiana (1), Missouri (2), Mississippi (1), Oklahoma (1) and Tennessee (6).

Seventeen licentiates were endorsed to other states for license by reciprocity as follows:

California (1), Iowa (1), Kentucky (1), Michigan (2), Mississippi (1), Missouri (1), New Mexico (3), Oklahoma (2), Texas (4) and West Virginia (1).

Twenty applicants appeared before the Board and successfully passed the examination given on the primary subjects.

In conclusion I wish to express to this society our sincere appreciation of the honor it has bestowed upon us and for the privilege we have had during the past to serve the profession and the people of this state. Our tasks at times are hard and we have received practically no financial remuneration. However, I believe I express the sentiment of each and every member of the Board when I state that we really receive a great enjoyment which we consider our reward for doing our bit in serving as members of the State Medical Board.

A. S. BUCHANAN, Secretary.

REPORT OF DELEGATES TO THE A. M. A.

Dr. D. A. Rhinehart: Dr. Bathurst and I were delegated from the Arkansas Medical Society to the meeting of the American Medical Association, held in Milwaukee last June. Dr. Bathurst wrote the report of this meeting and it was published in the July number of the Arkansas Medical Journal. It has been customary in times past for this report to be accepted and adopted without further comment. I move the adoption of this report as published in the Journal.

The report was adopted.

REPORT OF THE TREASURER

Balance reported at 1933 session		$ 3,152.81
Receipts—1933-1934:		
Secretary's account	$5,215.53	
Journal account	3,527.22	
Student Loan Fund Principal	120.00	
Student Loan Fund Interest	13.65	
Total Receipts		$ 8,676.40
10% dividend closed bank		718.85
Total funds available during year		12,548.06
Disbursements—		
Vouchers 422 to 506 inclusive		7,187.96
Cash on hand April 14, 1934		5,360.10

R. J. CALCOTE, M.D.

REPORT OF THE SECRETARY

Balance on hand Sept. 16, 1933	$ 1,459.38
Receipts—Membership dues	2,946.00
Advertising	2,200.12
Student Loan Fund	113.65
Refund on secretary's bond	4.33
Dividend Co-operative Medical Advertising Bureau	93.45
10% dividend closed bank	362.22
Total to be accounted for	7,179.15
Disbursements—Paid Treasurer	4,864.81
Balance on hand March 31, 1934	2,314.34

The society has on deposit in the Gorgas Fund $103.86, and in addition restricted deposits of $121.51, $203.07, and $129.09.

Membership for the year 1933 was 886; to date the membership is 901. During the year the 5th and 6th Councilor districts have organized active societies, giving a 100 per cent organization of Councilor districts.

W. R. BROOKSHER.

REPORT OF AUDITING COMMITTEE

We, the undersigned committee of the Council, have inspected the books of the Secretary and Treasurer, which were audited September 16th, 1933, and find them correct and in excellent condition.

In checking the accounts, we find that certain professional men are in arrears for several years in payment for cards in the Journal, and we suggest that this body authorize the secretary to use drastic measures, if necessary, to collect this indebtedness. Signed,

A. C. KOLB,
L. L. PURIFOY,
S. J. WOLFERMANN,
Chairman.

ARRANGEMENTS

Geo. F. Jackson, Chairman

Dr. Jackson: Mr. President, and delegates of the Arkansas Medical Society: First, I want to bring you greetings from the Pulaski Medical Society and to say we certainly want you to enjoy yourselves while in the City of Roses. We have tried to make all the necessary arrangements for your entertainment and for your wives' entertainment. The Auxiliary has put on a special entertainment for the ladies, so it will give you boys plenty of time to attend to refreshments, shows, and the things you like, and leave the ladies with the Auxiliary. The convention chairmanship is a big job, but it isn't near as big a job as the committee's job. The Pulaski County Medical Society Committee on Entertainment, Dr. Brooksher and Dr. Calcote, has done wonderful work. We have been working on this convention since last October, and we think the 59th annual convention is going to be the biggest you have ever attended. The commercial exhibit is the largest we have ever had in the society, having sixteen booths in all. All the guest speakers have been arranged for and I think they will be taken care of by the Entertainment Committee.

I want to call particular attention to the Fishbein lecture at the Senior High School auditorium tonight. The subject is "Fads and Quackery in Medicine." You all know that Dr. Fishbein is one of the American Medical Association's best orators, and we certainly want you to take the ladies and be on hand. There will be cars to transport you from the hotel to the high school auditorium. The governor is also to speak on this program. So I would like to see all of the representatives of the society at that meeting. We expect a crowd of something like 2,000 people.

The publicity of this convention has been handled by Dr. Jerome Levy and Dr. D. A. Rhinehart of Little Rock. About six or seven thousand letters have been sent out of the different offices. Four thousand have been sent out by my office on this convention. Several notices were printed in the newspapers.

There is to be a golf tournament for those of you who want to play golf at the country club. Tomorrow night at 6:30 in this room there will be a banquet. The committee is composed of one man, Dr. M. J. Kilbury, and he is some man when it comes to putting on a banquet. He will have a floor show that will be worth while. The President's reception and ball follows that in this same room. We want to see you all present.

For your information, the refreshment room is Room 212. We want you to forget all your troubles and have a good time. We don't want you to have anything else but a good time and, if there is anything you want, anything we can do for you, just let us know.

The President: These reports will be referred to the Reference Committee and brought back to the House of Delegates for their action.

The selection of the Nominating Committee being in order, the following were chosen:

First Councilor District—F. H. Jones, Piggott.

Second Councilor District—L. T. Evans, Batesville.

Third Councilor District—O. L. Williamson, Marianna.

Fourth Councilor District—J. M. Lemons, Pine Bluff.

Fifth Councilor District—L. L. Purifoy, El Dorado.

Sixth Councilor District—T. F. Kittrell, Texarkana.

Seventh Councilor District—G. B. Fletcher, Hot Springs.

Eighth Councilor District—Fay H. Jones, Little Rock.

Ninth Councilor District—J. G. Gladden, Western Grove.

Tenth Councilor District—H. Moulton, Fort Smith.

The President: That completes the reports of all the committees. I want to introduce to the House of Delegates the past-presidents, and will ask them to come forward at this time. Drs. Lemons, Barlow, Moulton and Rhinehart were introduced. This shows that these gentlemen who have been so honored by the Society have not forgotten their duty, love and affection for the Arkansas Medical Society. I thank them for being present.

A telegram was read from Dr. E. F. Ellis, of Fayetteville. By motion, the Society wired regrets to Dr. Ellis.

On motion the House of Delegates adjourned.

HOUSE OF DELEGATES

Wednesday, April 18, 1934.

The House of Delegates was called to order by the President, Dr. Kosminsky, at 1:30 p. m., there being present 63 members, either regular delegates or alternates, or members duly seated as such by the House.

The Nominating Committee reported:

For President-Elect: H. T. Smith, McGehee; M. E. McCaskill, Little Rock; Earle H. Hunt, Clarksville.

For 1st Vice-President: A. M. Elton, Newport.

For 2d Vice-President: S. C. Fulmer, Little Rock.

For 3d Vice-President: F. D. Smith, Blytheville.

For Secretary: W. R. Brooksher, Fort Smith.

For Treasurer: R. J. Calcote, Little Rock.

COUNCILORS

Second District: Sam J. Allbright, Searcy.

Fourth District: C. W. Dixon, Gould.
Sixth District: Don Smith, Hope.
Eighth District: S. B. Hinkle, Little Rock.
Tenth District: S. J. Wolfermann, Fort Smith.
Delegate to the A. M. A., two years: L. J. Kosminsky, Texarkana.

Delegate to the A. M. A., one year: W. R. Brooksher, Fort Smith.

By motion, the report was adopted.

H. King Wade, of Hot Springs, J. G. Gladden, of Western Grove, and R. L. Smith, of Russellville, were appointed as tellers, and the House of Delegates proceeded to ballot upon the three names selected by the Nominating Committee, H. T. Smith, M. E. McCaskill and Earle H. Hunt, for the office of President-Elect. Upon the third ballot, H. T. Smith retiring after the second ballot, M. E. McCaskill received a majority of all the votes cast and was declared elected. By motion of Earle H. Hunt, seconded by H. T. Smith, the election was made unanimous.

The President: You have elected Dr. McCaskill as your President-Elect for the ensuing year. (Applause.)

By motion the secretary was instructed to cast the ballot for the rest of the officers.

The Secretary: It gives me great pleasure to cast the unanimous ballot of this House for all the other officers nominated except that of Secretary.

The President: I will cast that ballot. The only outstanding committee is the Reference Committee, whose report we will hear by Dr. Jones.

REPORT OF THE REFERENCE COMMITTEE

Mr. President and members of the Arkansas Medical Society:

We, the Reference Committee, have carefully considered all written reports submitted to us. We heartily commend the committees for their work.

The President's address was a most splendid and inspiring one, and we heartily recommend it to the Society for deep thought and study.

We wish to especially commend R. B. Robins, chairman of the Scientific Program, for a most excellent and interesting program.

H. Fay H. Jones, chairman of the Committee on Scientific Exhibits. The report of this committee is exceedingly satisfactory and we think the co-operation of the exhibitors has been excellent and that endeavors in the future should be made to increase the interest of the society in the Scientific Exhibit. We commend the committee for its untiring work in securing the exhibits for the present year.

L. V. Parmley, chairman of the Medical Legislation, gave us his usual concise report. This report recommends legislation limiting anesthesia to graduates of medicine. We would suggest that now is an inopportune time to ask for such legislation.

W. B. Grayson, chairman of the Health and Public Instruction Committee, gave us an excellent report and we commend the course the committee is pursuing.

W. Decker Smith, chairman of the Committee on Cancer Control. We commend the report of this committee and its very excellent scientific exhibits.

W. F. Smith, chairman of the Committee on Hospitals. We endorse the report of the committee and thank Dr. Smith for his interesting report as Fraternal Delegate to the Texas State Medical Society.

Jerome S. Levy, chairman of the Publicity Committee.

S. A. Drennen, chairman of the Child Welfare Committee.

A. G. Sullivan, chairman of the Committee on Diseases of the Heart. The reports of these committees are endorsed by the committee.

Geo. F. Jackson, chairman of the Committee on Arrangement. This committee is to be thanked for its excellent provisions for the entertainment of the society this year.

M. E. McCaskill, chairman of the Council. The report of the Council should be accepted and the Council thanked for its excellent work during the year.

A. S. Buchanan, chairman of the State Board of Medical Examiners. This report shou'd be endorsed and the committee commended for its efforts to eliminate from the state incompetent and irregular practitioners.

H. FAY H. JONES.
H. MOULTON.
EARLE H. HUNT.

By motion the report was accepted and the committee discharged.

The President: Under the head of new business, I had the opportunity of thanking the Council for their hearty co-operation in the past year. Every member was present at every meeting that was called. I want to thank the committee in Little Rock for the wonderful convention they have given us, and I want to thank the membership of the Arkansas Medical Society for the wonderful co-operation they have given me. It will be a memory to be cherished until the last call, and I only bespeak for my successor the same wonderful co-

operation that you have given me. I want you to know that I am with organized medicine and the Arkansas Medical Society until the Last Roll Call. Gentlemen, I want to entertain a motion by some one to thank the Pulaski County Medical Society, the hotels and the various people that helped to make this such a wonderful meeting.

Dr. King Wade: I make that motion.

Carried.

The President: We will now have the final report of the Council by Dr. McCaskill, your President-Elect.

REPORT OF MEETINGS OF THE COUNCIL
APRIL 16, 17, 18, 1934

April 16th, 1934:

Auditing committee appointed. Resolution urging members to patronize Journal advertisers adopted. Ordered new constitution printed.

April 17th, 1934:

Recommended that three dollars be accepted as dues for 1935. Declined to seat delegate from Phillips County because of failure of society to submit report and dues. Authorized appointment of publication committee. Authorized payment of expenses of annual session and a contribution of one hundred dollars to Pulaski County Medical Society toward expense of annual session. Heard A. S. Buchanan, secretary, State Board of Medical Examiners, and appointed committee to confer with and assist this board financially if necessary in certain court proceedings relative to revocations of licensure. Allowed usual honorariums to Secretary-Editor and Attorney. Adopted report of auditing committee (page 17).

April 18th, 1934:

Sent message of sympathy to Morgan Smith, absent because of illness. Allowed delegates to American Medical Association fifty dollars on expenses. Authorized chairman to appoint a member representing the state society on commercial exhibits committee of host society, revenue derived therefrom to be allowed the host society on expenses, any excess to revert to the state society. Ordered the secretary to make such adjustments on arrears for professional advertising as is deemed proper. Authorized secretary to make such disbursements on account of the legislative committee as are necessary, such to be decided by conferences between the committee, the attorney and the secretary. Madison County Medical Society was continued in active membership.

M. E. McCASKILL, Chairman.
S. J. WOLFERMANN, Secretary.

On motion, the report was adopted.

The House of Delegates then adjourned.

GENERAL SESSION

The General Session was called to order at 1:30 o'clock, P. M., April 16, 1934, by Dr. Kosminsky, President.

Invocation by Rev. L. A. Taylor.

ADDRESS OF WELCOME

On Behalf of Pulaski County Medical Society, A. C. Shipp, Little Rock.

Mr. President, Members of the Arkansas Medical Society and Auxiliary: I have been given the key to the city of Little Rock to deliver to you. I assure you in behalf of the citizens of Little Rock, of which I am one, that you are welcome. Certainly a welcome from the city of Little Rock is an unselfish one. But as the representative of the Pulaski County Medical Society I want to assure you of a heartfelt welcome. I want to tell you that we have had a little feeling this year, in the face of social service and alphabetical dictations, that we were rather a very unimportant group of fellows and that we were rapidly developing an inferiority complex. There was a time when we felt that to be a physician was to be an outstanding servant of the public, to be recognized as such, but we began to doubt that and we felt like the boy about 12 or 14 years old that went over on the other side of town and the other gang got hold of him. He felt very insignificant. But today we feel like our gang is here and we are feeling better. We are feeling very much encouraged at the support of this group. So, I say you are thrice welcome in the encouragement and support that we get by being together. You are welcome because we know that you come here to Little Rock with a solution of our problems in your hands, and you are going to hand them out, and they are all going to be settled while you are here. We know this because of your fitness to solve these problems and our fitness to solve them. We will admit it whether anybody else does or not. We admit that we have, by training, by experience, by magnanimity of spirit and social out-look, all that qualifies a group of individuals to deal with these complex social problems that are coming on in this day of a New Deal. So, I say that our welcome to you, since you are going to bring an answer to these things, is one of triple welcome, and we will be glad to join with you in discussing the many things that we must deal with now in this day of new deals. These new deals and new problems will demand new measures and new means; but with your preparation and

your experience in dealing with these, with the fairness that is inherent in your every training and in the very things that make you want to become a physician, we feel sure that, if the profession, but above the profession and beyond all else the personal unselfishness of society at large, will help this group that is coming to Little Rock to join hands with those of other states over this great nation of ours and through our great national association offer a contribution to society, our successors in the American Medical Association and the Arkansas Medical Society will be proud to recognize as a contribution of unselfish men and women to society's problems. Again, I bid you, in the name of the Pulaski County Medical Society, a welcome. (Applause.)

ADDRESS OF WELCOME

Mayor Horace A. Knowlton, Little Rock

I regret that I was unavoidably detained at the high school on another engagement which prevented my arriving at this session in time to hear the very eloquent response that was made to the address of welcome that had already been given. You know it is a pleasure to me, as mayor of the city, to welcome a group like this. You know usually somebody else pays for the doctor's visit. This time the doctors are visiting, and they are doing the paying, too. When I come before a group of doctors, I come with a feeling of the very greatest respect. I have the very highest regard and esteem for your profession. I think I evidence that in the fact that I have just one son and early in his youth I began talking to him about the profession that I wanted him to follow. I believe that every boy should follow those things that he has a natural bent for. I was anxious for him to do the things that I thought would bring the greatest good to humanity, and I talked to him of the very great profession of medicine. Later on when he entered college it was with the intention of later entering a medical school, and he is now serving his second year interneship in the Barnes hospital in St. Louis, in which I take great pride. If the average layman knew as much about the expense that attaches to the making of a physician as I do, he wouldn't grumble at the fees that he has to pay. (Applause.)

But I do take great pleasure in welcoming to this city a group which has taken for its creed Humanity.

It is a distinct pleasure to me to bid you welcome. If while you are here we can serve you, it is going to be a pleasure to us. All you have to do is to just let us know what you want and we will try to meet your wishes. It is very gratifying to me to state to you that our medical school in this city is expecting this next year to have a $500,000 building erected out here just south of the city hospital. The city hospital is taking care of our poor patients; they have done a most noble work among the poor people of this city. Just now, it is our misfortune that with our decreasing revenues we have an increasing number of patients at the city hospital but at the same time those patients are being taken care of, and there has been no let up in the services rendered.

I want to again repeat to you that it is a distinct privilege and a distinct honor in being able to bid you welcome to our city and we hope that your impressions will only be such as to cause you to want to visit us often. I thank you. (Applause.)

The President: Mr. Mayor, on behalf of the Arkansas Medical Society, I want to thank you for your address of welcome, and I know that the medical men of Arkansas as well are always glad to hear of some official who has let some one of his family enter medicine.

RESPONSE

On Behalf of the Arkansas Medical Society, Will H. Mock, Prairie Grove.

Mr. President, Members of the Arkansas Medical Society, the Pulaski County Medical Society and the city of Little Rock: If I possessed the talents of the orator's art with a knowledge of word painting with its tints, shades and colors, I would really be unable to express our appreciation for the hospitality and all the courtesies that have been extended us. In fact, we have been offered everything from the Capitol to police headquarters. We

feel just as welcome as the roses in June, as welcome as the dew-drop is to the petals of the infant plant, just as welcome as is the sea captain's return to his family fireside when for days and weeks he has been piloting his great ship across the briny deep, out where the billows roll high. He has faced the fury of the storm, the lightning's vivid flash and the thunder's sullen roar, but through it all his great ship struggled like a thing of life and the timbers groaned in the awful strife as it plowed its way through the dashing foam into the harbor of home.

We have brought to the City of Roses a group of men who represent the highest type of citizenship. Its requisites are an open mind, a generous heart, a willingness to see the good in others, and a reluctance to criticise or doubt their motives, a good neighbor, one who seeks to add something to the happiness, physical, moral and social welfare of his city and country; always displaying a spirit of tolerance and generosity, a disposition to recognize true worth and merit in others, always applying the principles of equality and justice in all their business and social relationships, and whose influence will be reflected and will carry on down through the corridors of Time. This society is composed of a group of men whose interest in and love for humanity is the greatest, whose mission in life is the alleviation of pain and human suffering. The Arkansas Medical Society holds at the command of our citizenship an ever faithful, watchful and willing service, which will continue to improve and will grow and spread and extend, like a golden mantle of truth, benevolence and love until life and its lights have passed.

Dr. Gann: We will now hear the President's address.

(The President's address is printed on page 1.)

On motion, following the scientific program, the General Session adjourned.

GENERAL SESSION

Wednesday, April 18, 1934.

The General Session was called to order by the President immediately after the adjournment of the House of Delegates.

The President: Is there any unfinished business? I would like to ask Dr. Moulton and Dr. Lemons to escort the new president, Dr. Mahony, to the rostrum. (Dr. Mahony was escorted to the rostrum amid applause.) Gentlemen, I want to present to you your president for the year 1934-35, Dr. F. O. Mahony of El Dorado. (Applause.) Dr. Mahony, I want to present to you the gavel, the emblem of authority, and may your administration be crowned with the same hearty co-operation as mine, and when you have completed your year of service may the Arkansas Medical Society and its members be as dear and as near to you as they have been to the retiring president. (Applause.)

Dr. Mahony: Dr. Kosminsky, Fellow Members of the Arkansas Medical Society, and Visitors: I recognize fully and deeply appreciate the great honor that has been bestowed upon me. It is accepted by me and duly recognized as the highest tribute available to a physician in this state. I accept the honor and pledge in return my very best efforts. I am constantly reminded of the many outstanding and conspicuous contributions made by my several predecessors, particularly that charming and distinguished gentleman and physician, Dr. Kosminsky. It will be difficult for me to proceed where this gentleman has left off and, though I accept the challenge with no little trepidation, I posses an honest determination to do my best, having as I do the sympathetic support of all members of organized medicine in this great commonwealth.

Gentlemen, the days before us are difficult. We, as a people, are facing an era filled with serious economic and social problems. As a profession, if we are to safeguard the very high principles for which we stand, we must enter seriously and intelligently into this period of readjustment. As a nation, our entire economic structure is undergoing gradual though permanent readjustment. Now is an occasion for intelligent, broad-minded leadership. We can ill afford to evade the issue. In the year ahead of me, gentlemen, I respectfully solicit your considerate support and active co-operation. (Applause.)

I am going to ask Dr. Smith and Dr. Hunt to escort Dr. McCaskill to the station. (Dr. McCaskill was escorted to the rostrum amid applause.) Gentlemen, President-Elect McCaskill, of Little Rock. (Applause.)

Dr. McCaskill: Gentlemen, I thank you. I hope to administer this office next year by giving you the best that I have. I am not going to attempt to make a speech because there are better speech makers. I can't make you a good president if it re-

quires very much speech making, but I promise you that I will give you the best that I have. (Applause.)

Dr. F. D. Smith, of Blytheville, the First Vice-President, was introduced amidst applause.

President Mahony: Gentlemen, the office of President is quite an honor but it also requires a lot of time. This year I am going to ask our vice-presidents and our various committee chairmen to divide with me some of the labors to help in carrying on the meetings and the business of the Arkansas Medical Society to the end that we may gain more membership, more harmony and a better grade of physicians. When it is impossible or inconvenient for me to visit some places in the state, I am going to feel at liberty to call upon these gentlemen to help me. It will give them more acquaintance, and it is my idea that the more work a fellow has to do in anything the better he likes it and the more interest he will take, and, interest is what we will need. Is there any new business to come before this meeting? If not, then the next order of business will be the selection of your meeting place for next year.

Dr. Purifoy: Members of the Arkansas Medical Society, it affords me a great deal of pleasure to invite you to meet at El Dorado next year, the best town in Arkansas. You are welcome and we will be glad to have you meet there. (Applause.)

Dr. Jones: As president of the Sebastian County Medical Society I wish to invite you to Fort Smith next year. I have in my hand a number of telegrams inviting you, from the Mayor of the city, the Chamber of Commerce, the Lions Club, the Kiwanis Club, the Exchange Club, the Rotary Club and the Noon Civic Club. I will not burden you by reading all these invitations. We want you. We will try to put on a good program for you and entertain you as well as we can. I hope that you will consider our invitation with Dr. Purifoy's. I thank you. (Applause.)

Dr. Buchanan: I wouldn't have extended this invitation to you to come to Prescott next year if it hadn't been that Dr. Purifoy said that El Dorado was the best town in Arkansas. He is absolutely wrong. Prescott is a town of about 3,000 people. We have four hotels and the smallest hotel there can take care of the Arkansas Medical Society. We have there the most wonderful fishing lake in the United States, only six miles from town. And we most cordially and respectfully invite you to Prescott for your next meeting. (Applause.)

Dr. Parker: There is a little town in the northwestern section of the state that wants you to have your meeting there, Eureka Springs. The things said about Prescott are true of Eureka Springs. We have hotels that we can put two of theirs in one of ours. We want you to consider Eureka Springs with the rest of them. Dr. Brooksher has a bunch of telegrams.

Secretary Brooksher: I have telegrams from the president of the Rotary Club, the Men's Club, the Basin Park Hotel and the Chamber of Commerce, the local American Legion and the Mayor, in which they reinforce what Dr. Parker has said. I also have a telegram from the Chamber of Commerce at Hot Springs.

Dr. Buchanan: I object to all these telegrams. I could have gotten a telegram from every man in Prescott. (Laughter.)

Dr. Fletcher: Hot Springs is quite willing to withdraw and not offer an invitation for the meeting.

Dr. Purifoy: Let's hear from Dr. Smith from Smackover.

Dr. Smith: I am from Union County. Several of our leading members are more than glad to invite you and give you a hearty welcome to El Dorado next year.

Fort Smith was duly selected as the meeting place for 1935, the final voting being conducted between El Dorado and Fort Smith.

There being no further business, the General Session adjourned sine die.

MEMORIAL SESSION

Marion Hotel

Tuesday, April 17, 1934. 8:30 o'clock A. M.

The Memorial Session was called to order by the President.

The invocation was given by Rev. C. M. Reves, pastor of the First Methodist Church.

Song: "When They Ring the Golden Bells for You and Me."—Mrs. I. J. Steed, Soprano; Mrs. W. R. Richardson, Contralto; Max Brown, Tenor; Byron Bennett, Bass. Mrs. S. R. Crawford, Accompanist.

The President: Ladies and Gentlemen: This is the hour set aside each year in memory of those who have taken that long journey from whence no traveler returns. We believe in that motto, "The faults of our brothers we write upon the sands, their virtues upon the tablets of love and memory." Our memorial address will be delivered by the dean of the medical department of the University of Arkansas, Dr. Frank Vinsonhaler.

Dr. Vinsonhaler: Mr. President, Ladies and Gentlemen: For some years it has devolved upon me, as chairman of the Committee on Necrology, to deliver at this time a memorial address in memory of those who have passed away. Last year at Hot Springs I had this duty to perform. Some of those who were present on that occasion are no longer here. Voices that spoke to me in commendation of what I had said upon that occasion are now silent forever.

We are reminded at a time like this of the spirit of change. This spirit of change is evident everywhere. Now, at springtime, with all the promise of a glorious new year. We passed through the autumn of old age, through the winter of Death, and now Nature smiles upon us again and welcomes us to a year of new achievements.

Forty-one years ago I attended the first meeting of the Arkansas Medical Society at Batesville. In the audience here before me today I see not one face that I saw upon that occasion. All have passed away.

Since that time the Ladies Auxiliary has been born. From the midst of these women, who have contributed so much to the interest of this society, death takes its toll this year as it has in the past. These names have been handed to me by the president of the Ladies Auxiliary:

Mrs. F. C. Robinson, Little Rock.
Mrs. Roberta Smith, Fort Smith.
Mrs. D. B. Stough, Hot Springs.

Each succeeding year has made evident to us their interest and affection in and for this society. We pay to them the tribute of respect and affection.

I will read to you the names of those of our members who have passed away during the past year.

Percy Alexander Riddler, Fort Smith, April 30, 1933.

William Brand, Springdale, May 15, 1933.

Luther Edgar Moore, Searcy, June 4, 1933.

Lem H. Lipsey, Wynne, July 12, 1933.

Thomas N. Rodman, Batesville, July 20, 1933.

Eugene H. Winkler, DeWitt, August 19, 1933.

William Ray Bathurst, Little Rock, August 31, 1933.

Harry Norwood Street, Lonoke, October 3, 1933.

Samuel Robert Herring, Warren, October 28, 1933.

Harry Wynne Browning, Little Rock, November 3, 1933.

J. M. McLendon, Gould, November 20, 1933.

Grover Cleveland Webb, Russellville, November 27, 1933.

Walter Oling Parrish, Rector, December 29, 1933.

Franklin Beverly Kirby, Harrison, January 20, 1934.

Albert Henry Gilbrech, Clarendon, February 27, 1934.

William S. Norman, Hamburg, March 13, 1934.

William Edward Hughes, Pocahontas, March 27, 1934.

No doubt there are present those in this audience to whom the memory of these men speaks with peculiar force and affection. It is impossible, of course, to speak of them all. I remember Browning when he was a medical student in the school of which I was a teacher. He was a young man of unusual promise, and was taken early in life. There was so much before him; so much to accomplish. Some one

said that perhaps that is the best time to go, with every sail set, with the music of the breeze in the rigging, not a cloud in the sky, "to strike the unseen rock, and hear the breakers roar above a sunken ship."

Franklin Beverly Kirby, of Harrison, the distinguished son of a distinguished father, known to most of us, known to nearly all of us in his professional capacity and as a member of this society, a man dear to all of us for his sterling and manly qualities. We bid him good-bye.

Now I come to the one that we miss most of all, William Ray Bathurst. Last year after the Hot Springs meeting, when the exercises were concluded, he came to me and shook my hand and said how glad he was to hear what I had to say about those we loved and those whom we had been associated with for so many years. He was the picture of health. No one could have predicted that the finger of Death would be upon him and that we would be confronted at this moment with his absence. We are confronted only with his memory. He went, as we would all like to go, out upon the tideless sea without the pain and anguish of death.

I wrote to three men whom I believed to be his dearest friends, Norwood, Rhinehart and Deisch. They answered and their answers were published in the Memorial Journal of October last, dedicated to the memory of the man who had done so much for the Journal and for the profession of the state.

Now a few words for her who shared his life, whose presence among us was so conspicuous at each meeting, one who stood before the altar and solemnly promised, forsaking all others, to cleave unto him until "death us do part." Shall I say for her these closing words:

Upon a tomb in a faraway isle of the sea
Soft Southern breeze blow gently here
Warm sun above, shine bright—
Green sod above, lie light;
Good night, dear heart, good night, good night.

The President: The ladies of the Auxiliary present this beautiful wreath in solemn memory of those who have passed on.

Song: "Crossing the Bar."—Quartet.

The President: In behalf of the Arkansas Medical Society, I wish to extend a vote of thanks to those who have assisted in this sad but sacred service. Now I will ask Dr. Reves to give the benediction.

Benediction.

Commercial Announcements

Book Reviews

Treatment in General Practice. By Harry Beckman, M. D., Professor of Pharmacology at Marquette University, School of Medicine, Milwaukee, Wisconsin. Second edition, revised and entirely reset. 889 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth $10.00 net.

This book was first published in 1930 and its popularity was such that it was reprinted five times and in 1934 it was decided to completely rewrite the book. Beckman's book is unique in that Beckman has the happy and rare faculty of entertaining you while he instructs you. His book not only tells you all that is necessary to know about the treatment of the various diseases encountered in general practice but he tells it to you in such an entertaining manner and his literary style is so pleasing that one reads on and on from the sheer pleasure of reading.

This new 1934 edition is most complete and comprehensive. In his own inimitable style Beckman gives you the accepted, up-to-the-minute methods of treatment and then he gives you his own ideas and his own experiences which not infrequently differ from opinions held by others, but he leaves you the right of choice. The sections on amebic dysentery, diabetes, and allergic conditions are especially complete, comprehensive, and charmingly written. I think I am safe in saying that there is no book in print today which combines more skillfully the best and latest ideas on the treatment of disease with a literary style that makes the absorption of these ideas easy and pleasant.

Surgical Clinics of North America. (Philadelphia number—Feb. 1934). Volume 14, Number 1. 226 pages with 62 illustrations. Per Clinic year, published bi-monthly, paper $12.00, cloth $16.00. Philadelphia, W. B. Saunders Co., 1934.

This, the Philadelphia number, contains many valuable and interesting observations in surgical conditions. Among the most interesting is the first in this issue by Eliason and McLaughlin on pulmonary complications following operations. They have noted that atelectasis is the second largest in their series of cases. They believe that the percentage is larger than is suspected in previous reports because it has not been looked for. Jackson reports several cases of laryngeal stenosis and ends with this admonition that simply "doing a largynostomy" for stenosis is worse than useless. A very interesting symposium is presented by Shallow, Clerf and Manges on foreign bodies in the gastro-intestinal tract. Among other interesting observations were the relief of intestinal obstruction by hydraulic aspiration, rectal drainage of pelvis abscesses in the male and differential diagnosis of gall bladder diseases.

The Sputum: Its Examination and Clinical Significance. Randall Clifford, M. D., F. A. C. P., Associate in Medicine, Peter Bent Brigham Hospital, etc. 167 pages, 21 figures, 7 plates in colors. New York: The MacMillan Company, 1932. Price $4.00.

This is a complete practical guide to the examination of the sputum, giving all technical methods and discussing the character and clinical significance of the sputum in some of the more common diseases of the lungs and bronchi.

General Surgery. The 1933 Yearbook, Practical Medicine Series. Edited by Evarts A. Graham, A. B., M. D., Professor of Surgery, Washington University School of Medicine, Saint Louis. The Year Book Publishers, Chicago, 1933.

All outstanding work of the year is reviewed in the 826 pages of this volume. The literature indicates that ether remains the safest anesthetic for general use. Thoracic surgery is thoroughly presented with its many advances. Special attention is directed to the superiority of iodine over modern antiseptics, and to the results obtained by Pannewitz in the treatment of 1,500 cases of arthritis deformans by X-ray. Several cases of hypoglcemia produced by adenomas of the pancreatic islet tissue are reported. The surgeon and the general practitioner will find many diagnostic points as well as abstracts not readily accessible in this volume.

Light Therapy. By Frank H. Krusen, Director of the Department of Physical Medicine, Temple University School of Medicine, Philadelphia. Pp. 186, with 33 illustrations. Price $3.50. New York: Paul B. Hoeber, Inc., 1933.

Many physicians seem to believe that if they possess a lamp which is labelled an ultraviolet or sun-lamp that it will produce ultra-violet rays, and that these rays will accomplish practically any desired anti-rachitic or bactericidal effect which is required. More careful study has shown that these sources vary widely in the results and that it is necessary to have certain portions of the light spectrum in proper intensity produced by the agency to obtain the desired physiological effect. To practice light therapy intelligently, the physician should be acquainted with the physical properties of the lamp which he is using as well as possessing a knowledge of the results which may be expected on the tissues. Light therapy has been applied too frequently in an empiric manner with no recognition of the dangers which are present. In this volume the author has presented a differentiation of fact and fancy with a serviceable technic. The dangers, limitations and indications are fully discussed. The reviewer feels that this is the most valuable book on the subject yet to appear.

Clinical Endocrinology of the Female. By Charles Mazer, M. D., F. A. C. S., Assistant Professor of Gynecology and Obstetrics, Graduate School of Medicine, University of Pennsylvania, and Leopold Goldstein, M. D., Demonstrator of Obstetrics, Jefferson Medical College. Pp. 519, with 117 illustrations. Price $6. Philadelphia and London: W. B. Saunders Company, 1932.

This volume primarily concerns itself with menstruation and its disorders. The growth promoting and gonad stimulating functions of the pituitary are fully discussed. Sterility, pregnancy tests, obesity and lactation receive separate chapters. Numerous case reports supplement the treatise, unique of its kind.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

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RECENT ADVANCES IN SURGERY*

CHARLES S. HOLT, M. D., F. A. C. S.
Fort Smith

Progress in surgery, unlike advances in manufacturing, cannot be expressed in terms of labor-saving, decreased production costs, improved quality, or any other unit capable of immediate estimation. Because of the peculiar combination of art and science making up the profession of surgery, tangible evidence upon which to base an opinion as to whether or not a given innovation is a worthwhile advance is lacking. Even such apparently concrete factors as morbidity and mortality are deceptive, because of the inability of the surgeon to exactly duplicate conditions. Graham has pointed out that in empyema, the mortality exactly parallels that of the concurrent epidemic of pneumonia, which in some years may be very high, and in others low. A new method of treatment brought out in a year in which a benign type of infection is present will show a decreased mortality rate in its favor, while on the following year with a reversal of conditions, the mortality rate may even exceed that of the old method of treatment. Therefore, time and accumulated experience of many surgeons under a wide variety of conditions, are the only criteria upon which to judge and are the basis upon which the following advances have been selected.

Electro-surgery has come to assume such importance in the field of surgery as to become almost a specialty in itself, as recently emphasized by Foltz. In some instances it has opened doors previously closed to the surgeon. Many cases of brain tumors, previously considered inoperable after exploration, suc has the old factory groove meningiomas, are today returning for complete extirpation of the growth, made technically possible by electro-surgical methods. All brain surgery has been greatly simplified by this new weapon. On theoretical, and sometimes on technical grounds, electro-surgery is the best method we have for the solution of the problem of malignant disease. The Sturmdorff technique for chronic endocervicitis is too difficult for universal application, and radial cauterization does not always cure. Conization of the cervix by high frequency methods is simple, and removes all gland bearing areas without danger of hemorrhage or subsequent stenosis of the canal.

The treatment of prostatic obstruction has undergone a radical change during the past two years. The development of trans-urethral resection, originally brought out for median bar obstruction, and made possible by electro-surgery, bids fair to render the operation of prostatectomy obsolete. In 520 cases of prostatic obstruction treated at the Mayo Clinic in 1933, only seven prostatectomies were done, the remainder being relieved by trans-urethral methods. Hospitalization of the patient is reduced to five days, and the mortality is distinctly lower, particularly in the poor risk type of patient as are most of these cases. Since there is no satisfactory radical treatment for carcinoma of the prostate at the present time, transurethral resection is the best method of approach, offering a comfortable and symptom-free existence to these unfortunate victims for from five to eight years.

Thorek has recently described another adaption of electro-surgery in the treatment of gall bladder disease under the term of "Cholecystelectrocoagulectomy." The portion of gall bladder normally adherent to the liver is allowed to remain after the free portion is resected, and the

(*—Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16, 17, 18, 1934.)

mucosa destroyed by coagulation. This area is then covered over with the falciform ligament and the wound closed without drainage. In his series of unselected cases treated in this manner the mortality has been zero.

Anesthesia

That the ideal anesthetic has not yet been found is shown by the great amount of research work being done in this field. Spinal anesthesia has been widely adopted, and the procedure standardized. In general use it, however, still carries with it a higher mortality rate than ether, and certain untoward late results are being reported with increasing experience. An agent which is achieving an increasing popularity is tribrom-ethanol or Avertin. Our own personal experience with 450 cases, without fatality or bad result, has convinced us of its safety and usefulness. While used only as a basal anesthetic, the avoidance of preoperative excitement, the decrease in postoperative vomiting and respiratory complications has materially contributed to the comfort of the patient. Divinyl ether has been brought out, but so far the clinical application is in the experimental stage."

Surgery of the Eye

The dreaded condition of detachment of the retina, formerly leading to hopeless blindness, has been cured in a large number of cases by the spectacular and ingenious operation recently devised by Safar in which the retina is reattached by coagulation of multiple small areas by diathermy.

Thoracic Surgery

Important advances in thoracic surgery have been made possible by development of new anesthetics, as avertin, and by the intratracheal administration of ether. Harrington reports a series of 38 cases of tumors of the mediastinum successfully removed surgically by the use of intratracheal anesthesia under pressure. Inasmuch as 78 per cent of these tumors were benign, a large proportion of permanent cures resulted.

Considerable progress has been made in the surgical treatment of pulmonary tuberculosis during the past year, both in the standardization of indications and technique, as well as in the evaluation of end-results. Nehil and Alexander report 302 cases in which phrenicectomy alone was used and found of this number 34 per cent cured or arrested and 35 per cent improved. Of 1,897 cases collected by them from the literature 60.5 per cent were cured or improved, corresponding to the figures reported by Krock in 1933. There is a growing tendency to substitute phrenicectomy for artificial pneumothorax because of the necessity for frequent repetition over a long period of time in the latter. Thoracoplasty is being used more frequently in the poor risk type of patient by the use of multiple stage procedures. A number of bilateral phrenicectomies have been reported with good results particularly in the childhood type of infection. Graham has successfully accomplished a bilateral thoracoplasty. Scaleniotomy as an accessory to phrenic exeresis has grown in favor, particularly in upper lobe caviation.

Graham reported the first case in which an entire lung has been removed successfully in one stage for carcinoma of the bronchus. Six successful cases are recorded in the literature in which part of a lung has been removed, and an equal number in which the growth has been removed by bronchoscopy. Graham calls attention to the increasing frequency of primary carcinoma of the lung, at present constituting between 5 and 10 per cent of all carcinomas, and offers this method of treatment as an attack upon the present mortality of almost 100 per cent associated with the lesion. If this operation proves feasible in selected cases, it is probable that many patients might be saved who would otherwise die from carcinoma of the lung.

Fractures

There has been an increasing tendency to treat fractures by the use of skeletal traction, employing the Steinman pin or Kirschner wire, and often incorporating it in the cast. Anderson has described a method for utilizing the well leg for counter traction which is particularly applicable to fractures of the hip. By this method hospitalization is shortened, massage and active and passive movements permitted, circulatory and respiratory complications

avoided, especially advantageous to the aged in whom these fractures are usually found.

Experience with manipulative reduction of compressive fractures of the spine followed by the application of a cast and graded exercises has shown that the disability ordinarily incident to such an accident can be greatly reduced, and in many cases the compressed and deformed vertebra restored to an approximately normal shape. Boehler feels that every compression fracture less than two weeks old can be satisfactorily reduced, and that prolonged immobilization of such fractures without preliminary reduction is to be condemned. He allows his patients to be up within one-half day after application of the cast.

Sympathetic Nervous System

Considerable work has been done on establishing the relationship of the sympathetic nervous system to the so-called functional disorders. Interest has increased in Cotte's operation which consists of the resection of the postganglionic fibres of the sympathetic system supplying the pelvic organs as a method of relief for severe dysmenorrhea, intractable pain associated with inoperable carcinoma, and various disturbances of bladder function. The anatomy of these nerves has been well described by Elaut. Increasing satisfaction with the results obtained by sympathectomy in the treatment of peripheral vascular diseases of the spastic type is reflected in the surgical literature.

Crile has reported the results of several hundred denervations of the adrenal glands with striking success in peptic ulcer, exophthalmic goitre, neuro-circulatory asthenia, and a few cases of diabetes mellitus. The results have been negative in essential hypertension, Raynaud's disease, and in the true types of neurasthenia. Better ultimate results are obtained with this operation than by thyroidectomy in toxic goitre except in those cases too toxic to stand this procedure.

Endocrine System

The major development of surgery during 1933 has been in the field of the endocrine system. Our attitude toward disease is changing from the etiological basis of pathological anatomy to one of pathological physiology, as our knowledge in this confusing field has been systematized, and the various syndromes classified by the painstaking work of endocrinologists, and research workers in experimental physiology.

Holman and Railsback reviewed the literature of cases of hyperinsulinism treated surgically, and added their own case which was materially improved by partial resection of the pancreas. Graham also reported a successful case. The trend is to urge exploration in these instances of spontaneous hypoglycemia because of the frequent finding of adenomata of the islands of Langerhans in the pancreas.

Another characteristic syndrome is the change in secondary sexual characteristics, with virilism, excessive growth of hair, amenorrhea, and abnormal deposits of fat over the body. This has been found to be associated with tumors of the adrenal cortex by Walters, with basophilic adenomata of the pituitary by Cushing, and with a peculiar tumor of the ovary, known as the arrhenoblastoma, by Meyer, and Taylor, Wolferman and Krock. In all these instances, removal of the involved gland has resulted in a spectacular return to normal of the affected individual. An evolution of our concept of the etiology of diabetes mellitus from the older idea of a deficiency of the islands of Langerhans to the newer theory of an over-production of an anterior pituitary hormone, antagnostic to insulin, is in evidence in recent publications, and may form the basis of surgical methods of treatment of this disease in the future.

New Suture Materials

Koontz reported the use of Gaillie's technique in the repair of large postoperative or recurrent hernias, but has substituted alcohol-preserved ox fascia lata for the living sutures of autogenous fascia lata strips introduced by Gaillie. This material is now available in the form of strips or wide sheets from several suture manufacturers. The above author advises the use of silk or linen in tying down the edges, and stab wound drainage to prevent the

accumulation of serum in the wound. Lowsley has introduced ribbon cat gut for use in the repair of kidney wounds, particularly those made when the kidney is split open for the removal of large stones. Experimental and clinical evidence are in accord that such material effects better hemostasis, more accurate approximation of edges, and more rapid healing.

Treatment of Peritonitis

The tragedy of an increasing death rate from appendicitis still offers a challenge to surgery. As yet this challenge goes unanswered. Campaigns of education, such as carried out by the Philadelphia Board of Health, in warning the public against the promiscuous use of cathartics in abdominal pain, and the dangers of delay in seeking medical advice, have been rewarded by some reduction of mortality from this cause in this particular city.

Orr has recently shown experimental evidence to prove that the older idea that morphine acted as a splint for the intestines is fallacious. His work indicates that it stimulates the tone, rhythmic contractions, and peristaltic waves of the intestine for a period of six hours following its administration. It is therefore of benefit in the treatment of acute peritonitis by preventing overdistention of the intestine (which factor is largely responsible for the toxemia) until the natural defensive powers of the body can overcome the infection. The maximum benefits can only be realized by giving morphine in sufficient dosage to produce narcosis. Further adjuncts recommended are the use of the nasal tube of the Robins type, with the application of continuous suction to assist in the evacuation of gas and liquids from the small intestine.

Organ Transplants

During the past year work has been presented by Stone and co-workers which has such a far-reaching significance as to make it apparently one of the most notable advances in the field of surgery since the development of aseptic technique. We refer to his method of transplanting living grafts of endocrine glands. The large group of disturbances due to endocrine deficiencies, such as myxedema, diabetes mellitus, parathyroid tetany, and Addison's disease, which are at present treated medically may become amenable to surgery. In this work, numerous obstacles had to be overcome; such as surrounding the transplant with a suitable nutrient medium, providing adequate circulation for each cell, and lastly protecting the graft from necrosis due to the pressure of surrounding tissue and infection. The latter difficulty has been solved by using the loose areolar tissue of the axilla or groin as the bed for the transplant. The gland to be transplanted is cut into tiny segments one-half mm. in diameter, and grown in a culture media containing beef embryo juice, artificial serum saline, serum first from donor, and then from recipient, and in heparinized plasma for one month. The culture is changed to a fresh media every 3-4 days and gradually enlarges. It is then clotted on to a fine silk thread which is used to draw the mass of tissue into the site of implantation, and tied to hold it in position.

Two clinically successful cases of parathyroid transplantation for tetany have been reported, with complete cure of the patients' symptoms and restoration of the blood calcium from a low volume to normal. The grafts are still functioning in one case seven months, and in the other 11 months. While this work has been limited to animal experimentation with thyroid and parathyroid transplants, and parathyroid transplants in the human, an unlimited field is apparently opened for scientific research, and future development of surgery, as modifications of this culture method are worked out for the other endocrine glands, and even other organs. It is even possible that we are now upon the threshhold of the door of the "fountain of youth."

In the few minutes at our disposal, it has been impossible to give more than the briefest bird's eye view of the enormous volume of contributions to surgery during the past year. We have tried to pick a few representative examples from the various fields to illustrate a changing trend of thought, which after all is the only basis upon which to judge an advance in the treatment of as complex and ever-varying machine as man.

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RECENT PROGRESS IN GENERAL MEDICINE*

S. C. FULMER, M. D.
Little Rock

As one stands at a distance watching the course of a great river, he gains an impression that the water is not moving. But if he goes closer and looks at objects floating on the surface of the water, he is immediately impressed by the constant, steady, and often-times, the rapid flow of the stream.

And so it is with general medicine. As the physician goes about his daily work, straying too far from the stream of medical knowledge, he often feels that no progress is being made. But if he comes nearer to his confreres, reads the scientific journals, and attends the medical meetings, he soon realizes that general medicine is moving steadily on.

In a survey of the progress of medicine, we find that both diagnosis and therapeutics show spectacular achievements. Truly, the physician of our forefathers would be bewildered were he returned to practice medicine today. Research workers are digging out so many facts and making so many discoveries that no one can possibly keep up with all of them. So fast is the pace that text books are out of date by the time they are published.

Every domain of medicine would have a right to honorable mention in a paper giving recent progress. The fields of biochemistry and endocrinology show the most progress in recent years. As Cantarow has well said: "The past decade has witnessed the emergence of many well-established facts from the obscure maze of theoretical speculation which formerly clouded the field of endocrinology. Following the discovery of insulin, constituting one of the greatest therapeutic achievements of all time, the co-ordination of improved surgical technic with improved physiological and biochemical methods has resulted in the elevation of endocrinologic research to a degree of exactitude from which it was previously far removed. Although the practical applications of many recent observations are not immediately apparent, certain advances in our knowledge of the functions of the glands of internal secretion are of such outstanding importance as to merit careful consideration by every clinician, regardless of his field of special interest. Unquestionably, the physiology of today is the medicine of tomorrow; increasing recognition of this fact is perhaps responsible, more than any other single factor, for the remarkable advances made in clinical medicine in recent years."

The discovery of insulin in 1921 by Banting and Best has revolutionized the treatment of diabetes. Every medical practitioner should be familiar with its virtues. In spite of the very carefully controlled manner in which insulin was first manufactured and distributed, its reception by the medical profession has not been so cordial as the product deserves. Many physicians are afraid of insulin, and they put this fear into their patients. The truth of the matter is that insulin is not so dangerous as the morphine which these same physicians freely give. Insulin is health-producing in all diabetics and life-saving in diabetic coma. The principle is to give it early and in adequate doses. Insulin has recently been used in non-diabetics as an aid to weight building. It is the best appetizer we have.

A few short years ago a patient with pernicious anemia was doomed to a lingering death. Influenced by the experiments of Whipple, we find Minot and Murphy announcing to the world in 1926, an effective treatment for this dreaded disease. The treatment was to give a half-pound of liver daily to these patients. Liver is not noted for its palatability and a steady diet of it soon becomes obnoxious to many patients. Under the leadership of Castle and others liver extract was manufactured, and was a great step forward. Now the active liver principle can be secured in almost any form for the most fastidious patient: powder, capsule, liquid. and ampules for parenteral injection. Not being satisfied with this success we find workers in the University of Cincinnati and in the Medical Clinic of the Cincin-

(*—Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16, 17, 18, 1934.)

nati General Hospital, introducing a preparation called Addisin. Addisin is derived from the normal gastric juices of man, swine, dogs, and cattle. It is probably identical with the "intrinsic factor" of Castle. This substance, without an "extrinsic factor," such as beef or Vitamin B2, gives a prompt and sustained hemapoietic response, following intramuscular injection, in a patient with pernicious anemia. These workers (Morris, Schiff, Foulger, and Felson) state the following: "Remarkable hemapoietic responses in pernicious anemia have followed the use of single large doses of Addisin obtained from swine. The injection of 30 units of esterified concentrate resulted in a prompt reticulocytosis of 24 days duration, accompanied by a blood crisis during the first 12 days. In the course of 115 days, without further treatment, the red count rose from 1.4 million to 4.5 million and the hemoglobin from 47 per cent to 93 per cent." It is safe to predict that in the near future we will be treating our pernicious anemia cases with Addisin. The same substance was used successfully by these investigators in cases of erythremia, acholuric jaundice, and even in agranulocytic angina.

As to other types of anemia such as the hypo-chromic or micro-cytic, it has been found that iron is the best agent. Iron must be given in much larger doses than we have been accustomed to give. The best forms are the iron and ammonium citrate and ferrous carbonate. The citrate should be given in doses of from 45 to 90 grains daily, and the carbonate, 50 to 75 grains daily. These are much larger doses than were formerly given and do not be surprised if your druggist questions your prescriptions written for such dosage.

A paper on Recent Progress in Medicine should certainly make mention of the use of cortin, an extract of the adrenal cortex, in the asthenias, particularly Addison's disease. To quote Hartman: "In order to better understand the clinical use of Cortin, let us recapitulate the changes which occur in cortin insufficiency: first and foremost, the asthenias of the nervous system, muscular system, and circulation, no one of which is very clearly set apart from the others; renal insufficiency, which may be due in part at least to changes in the kidney itself; gastro-intestinal instability, which may have both peripheral and central elements; reduced metabolism and growth, which depends upon the activity of the tissues concerned as well as the general body conditions; lowered resistance to toxins, which may be merely another aspect of lowered function in a number of tissues; the increased pigmentation and changes in the skin; and the reduced activity of the sex organs. We speak of these as cortin insufficiencies because this substance is able to correct or abolish them. The relationship to vitamin C deficiency likewise must not be forgotten. At the present time the most reasonable hypothesis seems to be that cortin is a general tissue hormone; but, if for no other reason than the importance of the tissue involved, cortin seems to play a paramount role in the function of the nervous system. With an understanding of the changes that take place in the various stages of adrenal insufficiency and their responses to treatment with cortin, one has a basis for its clinical use in Addison's disease or any other cortin deficiency."

Heretofore, patients suffering from Addison's disease were considered hopeless but reports now show that when cortin is used there is a noticeable improvement in a few hours and the road to recovery is reached in three to five days. The average dose of cortin is three to ten cubic centimeters daily, given subcutaneously. Unfortunately, this promising preparation is not in general use because of the cost of production.

So far, the main reports of progress in this paper have been in the field of therapeutics. But preventive medicine has also shown consistent gains. A notable example is the immunization against diphtheria. The inoculation of susceptible persons with toxin antitoxin mixtures has greatly reduced the incidence of this disease. Later toxoid was introduced. This is effective in two injections rather than the three of toxin antitoxin. Recently a further simplification has been brought forward in toxoid, alum precipitated. The dose is only .5cc and one injection is sufficient in most cases.

There has been some advance made in the control of epidemics of measles by the use of convalescent serum injected into susceptible and exposed individuals. It is hoped that this phase of preventive medicine will be further clarified and amplified in the near future.

The domain of diagnosis has been ever progressive. Old methods have been worked over, new ones introduced and refinements of clinical observations have been presented at every turn. One new disease has been discovered—tularemia. It is the only disease in which all phases of the discovery were made by American investigators.

In closing, let me emphasize that only a few of the many mileposts of progress have been mentioned. Many more could easily be put on the honor roll. It is hoped that a contemplation of these few progressive achievements will fill us with pride and inspiration for further developments to the end that we may be better fitted to serve our patients.

Proceedings of Societies

Physicians from the Southeast Kansas Medical Society were guests of the Sebastian County Medical Society at a dinner meeting June 12th and presented the following program:

"B. C. G. in Active Immunization of Tuberculosis," J. R. Wells, Ph.D., Kansas State Teachers College, Pittsburgh; "Practical Obstetrical Hobbies of a General Practitioner," James A. Butin, Chanute and "Syphilis of the Cardiovascular System," Howard E. Marchbanks, Pittsburg.

JAMES W. AMIS, *Secretary.*

The Ouachita County Medical Society met in dinner session at Camden for the following program presented by physicians of Little Rock: "Lymphogranuloma Inguinale," H. F. DeWolf; "Pituiturin in Obstetrics," E. H. White, and "Some Phases of Intravenous Medication," D. R. Hardeman.

S. A. THOMPSON, *Secretary.*

The following program was presented at the meeting of the Madison County Medical Society held in Huntsville, June 5th: "The Value of the Roentgen-Ray to the General Practitioner," W. R. Brooksher, Fort Smith; "Bedside Diagnosis of the Upper Abdomen," S. J. Wolfermann, Fort Smith; and "Policies of the Veterans' Administration," Frank N. Gordon, Fayetteville. Dr. Chas. B. Beeby entertained the members and visitors at luncheon at the conclusion of the meeting.

The Tri-County Clinical Society met at Hope on May 31st. After dinner at the Barlow Hotel the following program was heard:

Angina Pectoris—W. S. Kerlin, Shreveport.

Dietary Deficiencies as Related to Dental Diseases—F. M. Talbot, Shreveport.

The Treatment of the Psychoneuroses, or So-Called Nervous Breakdown—D. L. Kerlin, Shreveport.

This society will meet next at Prescott on June 28th.

C. K. TOWNSEND, *Secy.*

The Ninth Councilor District Medical Society met at Eureka Springs, June 5th, electing the following officers: President, J. I. Thompson, Yellville; 1st Vice-president, D. L. Owens, Harrison; 2nd Vice-president, D. K. McCurry, Green Forest; and Secretary-Treasurer, J. H. Fowler, Harrison. The Society will next meet at Harrison December 4th. The following program was presented:

"Surgery of the Chest," W. A. Hudson, Detroit; "Policies of the Veterans' Administration," Frank N. Gordon, Fayetteville; "Roentgen-Ray Studies of Tuberculosis," J. D. Riley, State Sanatorium; "The Office Treatment of Hemorrhoids," M. C. John, Stuttgart; "Intestinal Obstruction," I. F. Jones, Fort Smith, and "The Practitioner of Medicine in This Changing World," F. O. Mahony, El Dorado. A banquet was held in the evening with W. H. Mock, Prairie Grove, and Congressman C. A. Fuller as speakers.

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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

THE OUACHITA COUNTY PLAN

R. D. ROBINS, Camden

During recent years much attention has been given to the possibilities of the practice of preventive medicine in the office of the family physician. Opinion both within and without the profession has been unanimous in the belief that this should be developed as extensively as possible.

At a meeting of the Ouachita County Medical Society May 3, 1934, a resolution was passed which gives the family physician a large place in the field of preventive medicine. The resolution states that it is apparent that it is impossible to give thorough and proper examinations of school children when they are herded in large groups as they have been in the past in school clinics. It is also realized that a large percentage of parents are able and prefer to have these examinations made by their family physician, where they may be examined individually and more thoroughly. It is also realized that a large percentage of people who are given various immunizations free by the health departments are able to pay for this service.

The resolution provides that hereafter in Ouachita County the following policy will be adopted by the city and county health departments: (1) All school and pre-school children are to be supplied with the necessary forms and sent to their family physician or physician of choice for physical examination. The physician will examine the child, fill the form and charge those who are able to pay, for this service. Those who are not able to pay will be given the same examination as others. (2) All individuals who apply for immunizations, such as typhoid, diphtheria and small-pox, will be referred to their family physician or physician of choice who will give such immunization, make the necessary records and charge those who are able to pay for this service. Those who are not able to pay will be given the immunizations, but the vaccine, virus or toxin-antitoxin will be furnished by the health department as it is at the present time.

Conferences with the State Health Officer, the city and county health departments, the PTA organizations and the school officials have been held and all officials and organizations have promised their hearty co-operation in carrying out this program in this county.

The success of this program will depend on the close co-operation of the health department, the PTA organizations and the physicians. Much work will be required of the health department and the PTA organizations in seeing that the children come in to the physicians for their examinations and immunizations. It was thought by some at first that this was a measure designed to annihilate the county health unit. That was far from the motive. It gives the unit a great field of work in an educational and a visitational way. They will have as much or more work to do than they had before. It gives the county unit an opportunity to demonstrate to the private practitioner that its activity is worthwhile to the community and to him. It will make the practitioner feel that the activities of a county health unit are indispensable.

LEGISLATIVE POLICIES

VAL PARMLEY, M. D., F. A. C. S.
Chairman, Legislative Committee

For the past twenty or twenty-five years it has become more and more evident that to insure protection to ourselves and to the public generally we should take an active and sometimes aggressive stand politically. Moreover it has become equally apparent that we must stand together as one man for or against such questions affecting the medical profession in legislative procedure. With the rise of certain irregular elements in the practice of the healing arts it even became necessary to employ political tricks to obtain and obstruct certain legislation affecting the public and the profession as well as to maintain the standards for the practice of medicine and medical education. It should not be necessary to have to resort to such methods as are often employed by other groups but there have been occasions when it was necessary to fight poison with poison, so to speak.

For the past twenty years we have relied mainly upon the sense of honesty and fairness in our representatives in the Legislature together with such influence as might be brought to bear upon those representatives through our own personal relations with them. However, we have finally learned the lesson that a politician after all is a politician and the only language he really understands is that in which the word "votes" plays a most prominent part. "Power" and "pressure" are two other words that he readily understands. It is one thing for the politician to promise his support of certain measures and another thing for him to give that support when the time comes for him to vote upon the measure. In other words he will promise everything and give nothing. In fairness to the full membership of our General Assembly I am glad to say that this type of politician is beginning to drop out of the picture. However, a sizeable number remains.

Therefore it develops that the organization offering the greatest number of votes and threatening with the greatest amount of power and pressure receives the greatest amount of political advantage. Realizing this several years ago the Chairman of your Legislative Committee undertook to organize the regular medical profession into a closely knit, compact unit of power in order that we might obtain with less expense and less effort the protection that the profession and the public rightfully deserve. He made talks to the several district societies as well as a number of county units. The result at the next meeting of the General Assembly surprised even the members of your committee. The co-operation was excellent but not all it should have been. Still it was sufficient to convince the members of the General Assembly and the state officials that we meant business.

About two years ago it occurred to your Chairman that even greater power could be ours by lining up with us other groups closely allied to our profession; namely, the druggists, the dentists, the nurses and the hospitals. Influential members of these groups were contacted and the preparations reached a climax this spring. Arrangements were made for your Chairman to speak to the various state conventions. Upon these occasions the plans for legislative co-operation were outlined to them and the reaction was even more than could be hoped for. Consequently we have the support of these organizations and each of them has appointed a Committee on Legislation to cooperate unqualifiedly with your committee. The Chairman of these several committees will meet soon with their several representatives to confer upon proposed legislation, protective methods and co-operation. The Presidents of each of the organizations mentioned have assured your Chairman that he may call upon them for any assistance that may be required. This, gentlemen, is in our opinion a real step forward. It simply spells progress and protection.

Now we, the members of your committee, call upon you to bend every effort to co-operate with your local dentists, druggists, nurses and hospital authorities in the selection of your representatives to the General Assembly. In other words, get together with the members of our allied professions and select a candidate

whom you know will stand 'pat" and then elect him! It may be necessary in protection of yourselves to forget personal friendships and unfriendliness as well.

This may seem a rather drastic measure and may seem to be too much of aggressiveness on our part, but after all, can we be too aggressive when we realize that frequently the very foundations of the practice of the healing arts are being threatened with destruction? We do not want to use what power we may have to rule the state nor to obtain class legislation, but we do want to protect ourselves and protect the public against the demagogue who would elect to dictate to us our methods of practice. In defense of this stand let me ask where would our civilization be today if the medical profession had not taken an active and aggressive stand upon smallpox vaccination, malarial control, public hygiene, standards for medical education and the laws governing criminal operations? Those are only a few things that have been governed by aggressive political action on the part of the medical profession.

Your Chairman feels that when this combined organized effort will have been put in operation that it will be the most powerful group in the state which unselfishly asks nothing for itself but only that which is good for the people of this commonwealth. It would be impossible to command the individuals belonging to these groups to use their combined power for personal or professional selfish reasons.

Your Committee expects every bit of help you can give.

A complimentary copy of the *Bulletin* of the American Society for the Control of Cancer has been offered any physician requesting it from the society at 1250 Sixth Avenue, New York City. Each issue of the *Bulletin* contains a number of short practical articles written by distinguished authorities in the field of cancer therapy and cancer research. The subscription price is $1.00 a year.

Personal and News Items

The May Tri-State Journal contains the following articles: "Agenesia of the Abdominal Muscles in a New Born Infant—Report of a Case," Don Smith, Hope; "Acute Intestinal Obstruction," A. S. Buchanan, Prescott; "Measles and its Management," S. J. McGraw, El Dorado; "Mononucleosis," R. B. Robins, Camden, and "The Goat ?", J. L. Roberts, Nashville.

R. B. Robins, Camden, took post-graduate work at the Universities of Indiana and Michigan during May.

S. F. Hoge, Little Rock, addressed the staff and visitors at Hines Hospital, Chicago, during the April meeting of the American College of Physicians on "Extra-Pulmonary Therapeutic Oxygen."

A. C. Shipp, Little Rock, has been reelected Director of the National Tuberculosis Association.

The following physicians were in attendance at the Oklahoma State Medical Association meeting, held in Tulsa, May 21-23, 1934: M. E. Foster (fraternal delegate from the Arkansas Medical Society), E. C. Moulton, I. F. Jones, D. W. Goldstein and W. R. Brooksher.

J. E. McGuire, Piggott, is taking a six week's post-graduate course at the New York Polyclinic.

"The Value of a Neutralization Test of Gastric Acidity in Patients with Duodenal Ulcers and So-Called Pylorospasm," by Jerome S. Levy, Little Rock, appears in the April, 1934, issue of Annals of Internal Medicine.

Paul Mahoney and family spent a vacation motoring to Southern cities during June.

The honorary degree of Doctor of Laws was conferred upon Dr. E. F. Ellis, Fayetteville, by the University of Arkansas June 4th. Dr. Ellis has completed fifty years of active practice, more than thirty of which have been spent in Fayetteville.

Joe F. Shuffield was installed as President of the Little Rock Lions Club on June 27th.

F. Walter Carruthers attended the meeting of American-British Association of Bone and Joint Surgeons at Rochester, Minnesota, during May.

Dr. W. E. Hamil, Pocahontas, has opened a four-bed hospital at his office.

Drs. Robert Eubanks and R. Q. Patterson accompanied the Little Rock Good Will Tour to North Arkansas during June.

Val Parmley addressed the following organizations on legislative policies: Lonoke-Prairie and Arkansas County Medical Societies June 12th, and the Arkansas Pharmaceutical Association, at Texarkana June 13th.

Fellowship in the American College of Radiology was conferred upon D. A. Rhinehart at the convocation of the college in Cleveland June 13th.

J. H. McCurry of Cash entertained the physicians of his district at the annual fish fry on June 7th.

The following Arkansas physicians were in attendance at the American Medical Association in Cleveland, June 11-14: Hoyt Allen, Paul G. Autry, E. L. Beck, W. R. Brooksher, G. E. Cannon, H. F. DeWolf, D. W. Goldstein, W. B. Grayson, C. S. Holt, W. H. Horn, F. L. Husband, A. C. Kirby, L. J. Kosminsky, W. C. Langston, M. F. Lautmann, L. A. Purifoy, D. A. Rhinehart, B. L. Robinson, J. S. Wilson and Frank Vinsonhaler.

W. C. Langston and Byron L. Robinson of the University of Arkansas School of Medicine presented a scientific exhibit at the American Medical Association meeting on castration atrophy and theelin.

Obituary

C. E. GOSNELL, aged 64 years, died at his home in Bingen, May 28th of nephritis. He is survived by his wife and one son in addition to two brothers and four sisters.

DAVID A. HUTCHINSON, aged 85, a charter and honorary member of Howard-Pike County Medical Society, died at his home in Nashville May 27th. He was born in Dadenville, Alabama, and received his medical training at Tulane University and the College of Physicians and Surgeons of Baltimore. He had practiced medicine for sixty years, fifty-six of which were spent in Nashville. He served as the first mayor of Nashville on the town's incorporation in 1884. He is survived by his wife and four sons, one of whom is Dr. W. A. Hutchinson of Texarkana.

MILES DAWSON KELLY, aged 54, died at his home in Lonoke June 11th. He was born in Macon, Georgia, and began the practice of medicine at Sheridan in 1902, practicing at Carthage and Wattensaw before moving to Lonoke in 1919. His early education was received in the schools of Prattsville and his medical education at the University of Arkansas. He was a member of the Chi Zeta Chi medical fraternity. He was married to Susie Mary Hodges, February 21, 1904, and in addition to his wife is survived by a daughter, three sons, three brothers and a sister.

A county medical society secretary is a man who tries all year to get a member to pay his dues and then, when the dues are finally paid on December 29th, lets this member think he is conferring a favor.

Auxiliary Page

MRS. D. W. GOLDSTEIN, Publicity Secretary
616 North Greenwood Avenue
Fort Smith, Arkansas

The Woman's Medical Auxiliary to the Bowie-Miller County Medical Society met May 25th for the closing meeting of the year. Hostesses were Mesdames George Parson, L. P. Goode, W. K. Reed, J. F. Williams, R. R. Kirkpatrick and N. B. Daniels. Mrs. C. E. Kitchens presided, and announced the opening number on the program, as a book review, "Medical Women of America," by Meitts, to be given by Dr. Frances Spinka. A social hour was enjoyed and a delicious plate served by the hostesses to the members.

The Woman's Auxiliary to the Independence County Medical Society met at the home of Mrs. R. S. Dorr April 9th. Officers to serve for the ensuing year were elected, as follows: Mrs. L. T. Evans, President; Mrs. Stark Craig, Vice-President; Mrs. C. A. Churchill, Secretary; Mrs. J. H. Kennerly, Treasurer. Delegates elected to the state meeting were Mrs. Evans and Mrs. Churchill with Mrs. F. A. Gray and Mrs. G. T. Laman of Cave Springs, alternates. During a social hour which concluded the meeting, games were played and refreshments served by the hostess.

Meeting for the last social and business session before suspension for the vacation peroid, members of the auxiliary to the Sebastian County Medical Society were entertained Monday, June 4th, at an afternoon party at the home of Mrs. B. B. Bruce, of Alma. At the business meeting, the recently elected officers were installed. The official family is composed of Mrs. Eugene Stevenson, President; Mrs. A. A. Blair, Treasurer, and Mrs. W. F. Rose, Publicity Chairman; Mrs. I. Fulton Jones, Secretary.

Mrs. B. V. Powell and Mrs. Sam Thompson were hostesses to the Auxiliary of the Ouachita County Medical Society on Thursday evening, May 3, at the Powell home in Camden. Quantities of roses of varied hues were used as decorations throughout the house and a delicious three-course dinner was served by the hostesses. During the business session the following new officers were installed: Mrs. B. V. Powell, President; Mrs. J. S. Rinehart, President-elect; Mrs. R. C. Kennerly, Vice President; Mrs. J. B. Jameson, Secretary-Treasurer.

Book Reviews

The Management of Fractures, Dislocations, and Sprains. By John Albert Key, B. S., M. D., Clinical Professor of Orthopedic Surgery, Washington University School of Medicine, and H. Earle Conwell, M. D., F. A. C. S., Orthopedic Surgeon for the Tennessee Coal, Iron and Railroad Company, Birmingham. Cloth. Pp. 1,164 with 1,165 illustrations. Price $15.00. St. Louis: C. V. Mosby Company, 1934.

This volume is commended as a practical working guide to all practitioners interested in the treatment of fractures. Advances in this field have been many and important in the past few years and are not discussed in standard texts. The authors include all published methods of practical value and give a positive expression of their opinion from a wide experience in their use. Special attention is given to the medico-legal phases of fractures, a much-needed contribution. The newer knowledge and treatment of injuries of the spine, skull, pelvis and knee-joint constitute a valuable section. Well-printed, amply illustrated, and authoritative in its presentation, this work should become a standard text.

Surgical Clinics of North America. (New York Number—April, 1934.) Volume 14, Number 2. 293 pages with 72 illustrations. Per Clinic year, published bi-monthly, paper $12.00, cloth $16.00. Philadelphia: W. B. Saunders Co., 1934.

This volume, as many before it, reads as though one had the cases before him for diagnosis and treatment. It brings us bedside diagnosis and treatment which is sometimes lost in our texts. We find ourselves following the procedures outlined in relation to the ones we are using. Keyes brings up the question as to the best operative procedure for prostates and leaves one with the impression that the supra-public route will become the operation of choice for the general surgeon. After following the clinics of Cole, Woolsey, Hinton, and Donovan on gastric surgery we are very apt to believe Lahey when he stated that what he intended to do was to try and map out a better medical treatment.

Farrar sums up the deaths in Woman's Hospital in 1932 and analyzing them found many reasons to advise every hospital to have this done.—I. F. J.

Electrosurgery. By Howard A. Kelly, M. D., LL.D., F. A. C. S., and Grant E. Ward, M. D., F. A. C. S. Pp. 305, with 382 illustrations. Price $7. Philadelphia and London: W. B. Saunders Company, 1932.

This volume is an invaluable guide for the use of the newer electrical methods in surgery Tissue changes produced by the cutting currents are defined and the manner of their production discussed. It is a most complete manual, chapters being devoted to the special regions of the body, while operative care and anesthesia are outlined.

Book Reviews

Mental Hygiene in the Community. By Clara Bassett, Consultant in Psychiatric Social Work, Division on Community Clinics, The National Committee for Mental Hygiene, Inc., The MacMillan Company, New York, 386 pages. Price $3.50.

It has been with much interest that I read "Mental Hygiene in the Community" by Clara Bassett and it is my pleasure to give it hearty indorsement. In my opinion, this book should be read by every individual. The suggestions are so far-reaching as to make it almost impossible to say who would benefit by it most. It will certainly be of great interest, as well as help, to any who will carefully read it.

It would seem that parents and children should be interested in this book. To bring its teachings and practices into the home would lead to a better understanding in that home. Make for more self control and insure more individual attention by helping the parents realize the necessity of cultivating the art of living and the knowledge of home-making. This is a subject long neglected and is, in a very great measure, responsible for the crime wave now sweeping our country, as well as for the hundreds and thousands now occupying our hospitals for mental diseases.

So I was glad indeed to know of this effort on the part of Miss Bassett to bring results in so important a field. May it instill in the hearts of all readers a desire for the realization of its teachings in their state, town and home.

—P. M.

Medico-Military Symposium. The Kansas City Southwest Clinical Society, Kansas City, Missouri. Various authors. Pp. 108. Price $1.00.

This volume is a compilation in abstract form of the addresses delivered at the spring conference of this alert medical organization. The subject matter ranges widely along medical and military lines, reflecting credit to the director for its arrangement in program form. Being in abstract form, the volume merely intensifies the regret of the reviewer that he was unavoidably in absence from the meeting.

Treatment of the Commoner Diseases Met With By the General Practitioner. By Lewellys F. Barker, M. D., Professor Emeritus of Medicine, Johns Hopkins University. Pp. 319. Price $3.00. Philadelphia: J. B. Lippincott Company, 1934.

This book is based upon ten lectures delivered by invitation in a post-graduate course in the Academy of Medicine of Lima and Allen Counties, Ohio, during September, 1933. The author presents a brief resume of the underlying pathology and pathological physiology of the diseases which the general practitioner is daily called upon to treat. Upon this basis he then proceeds to present practical measures for use in treatment of these conditions. The general care and management of the patient is fully discussed. Diseases of metabolism, endocrinopathies and vitamin deficiencies are especially well covered. This book should be of particular interest not only to the general practitioner, but to every physician.

—R. I. M.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1933. Cloth. Price, postpaid $1.00. Pp. 188. Chicago: American Medical Association.

The current reports deal mainly with products which the Council has not found acceptable for inclusion in New and Non-official Remedies. Among these are Niazo, a pyridine compound whose value as a urinary antiseptic has not been substantiated; Pyridium and Azophene, similar agents; and a number of preparations from the Upjohn Company which have been marketed with unwarranted, misleading and unscientific claims. The Council warns of the dangers attending the use of Alpha Dinitriphenol, as used in the treatment of obesity. Newer preparations reported are Dilaudid, Fuadin and Hippuran. There is a comprehensive report on the estrogenic substances now available for gynecologic terapy. The Council's second report on the intravenous use of barbiturates, compiled from questionnaires, reaffirms its previous decision that they should so be employed only in a limited number of conditions in which their administration by other routes is not feasible.

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SOME SUGGESTIONS IN EXAMINATION OF THE CHEST*

OSCAR W. BETHEA, M. D.
Professor of Clinical Medicine
Tulane University,
New Orleans.

As a result of years of effort in trying to secure the greatest amount of information from physical examinations, I have found some procedures of sufficient value to be worth presenting for your consideration. Most of these have been previously published. In using new illustrations and more detailed descriptions my aim is to stimulate greater interest, further study and a more general use of a better procedure.

In preparing for a physical examination of the chest the first consideration is that of obtaining a favorable environment.

Quiet is essential. In the home or hospital unnecessary persons should be excluded and those remaining instructed as to the avoidance of movement or noise. Even a loudly ticking clock may be removed from the room. Outside noises can be lessened by temporarily closing the windows and doors. In my private office I have had for many years an inside soundproof examining room that has proven invaluable for good work.

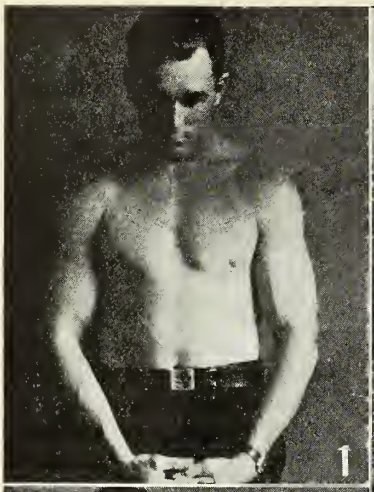
The temperature of the examining room should be comfortable. If too cold, complete relaxation may not be secured and there are apt to be muscle tremors and the development of "goose flesh" resulting in much confusing "static." If too warm the patient may be uncomfortable, breathe abnormally and perspiration interfere materially with satisfactory auscultation, especially if a diaphragm type of stethescope is used. I am so fortunate as to have an office adequately warmed in winter and "air conditioned" in summer. The latter convenience further enables me to shut out other sounds from the entire suite. Men should be stripped to the waist; women may have their feelings respected by exposing only part of the chest at a time, but should be so prepared that this can be readily accomplished, especially so that corresponding areas on the two sides can be exposed at the same time. Women of today seldom cause difficulty in such matters.

When there is hair on the region to be particularly studied, as the region of the pulmonary apices, this area should be carefully shaved. I have found it of marked advantage to sprinkle the skin with talcum and to lightly go over this with a cotton sponge.

The position of the patient must depend upon his ability to co-operate. In the bed case the front of the chest may be examined with the patient in dorsal decubitus. A shift of position may be necessary only for certain special investigations relating to the heart. For examining the back of the thorax the patient should sit up if possible and maintain a comfortable relaxed position by circling his flexed knees with his arms. Many patients, especially children, may comfortably lie in ventral decubitus. When the patient is in such a condition that he can only be turned on his side, final conclusions should not be drawn until the examination has been made with the patient lying first on one side and then on the other. Most of us have been led into error by neglecting this precaution.

In office work I prefer to have the patient standing. For examining the front of the chest I have him placed with his back resting comfortably against a door (Fig. 1), the fingers locked, the arms relaxed, the shoulders drooped and the gaze directed downward at an angle of about 45 degrees and fixed on a definite object

*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.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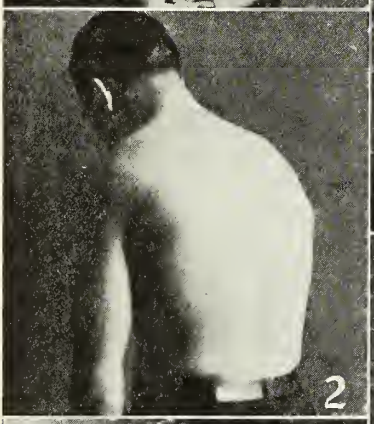
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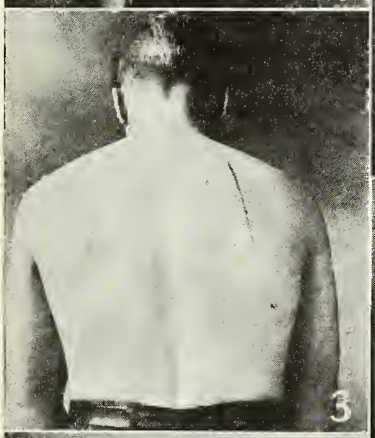
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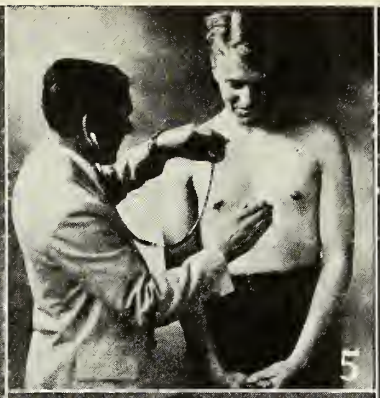
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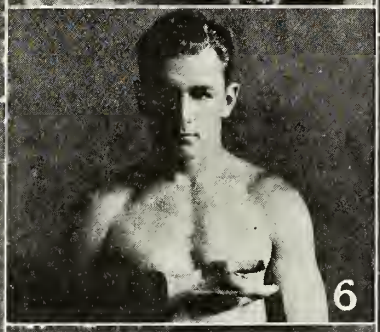
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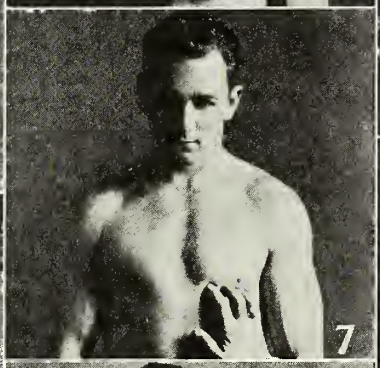
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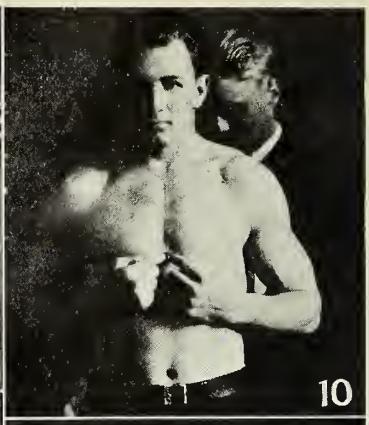
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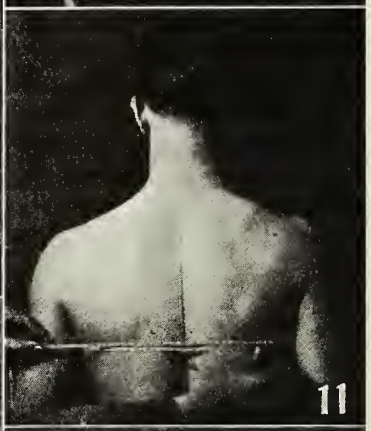
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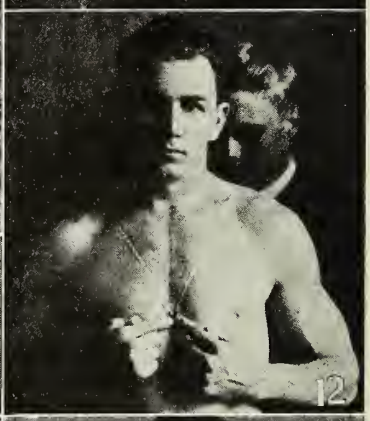
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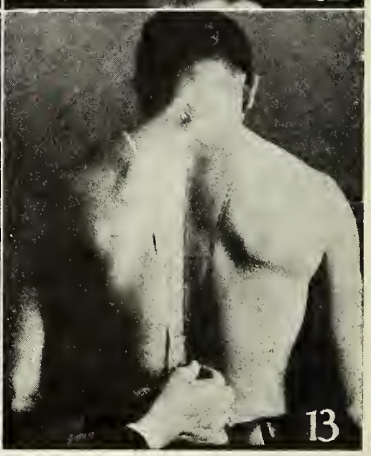
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The results are: The patient is comfortable; relaxation is complete; the hands are occupied, thus preventing scratching, rubbing or other disturbing movements; the head is fixed in position; and the breath is directed downward. In examining the back of the thorax I have the patient stand out from the wall, the hands and position generally the same as just described except that the body is inclined further forward by directing him to look between his feet. (Fig 2.) I have measured the interscapular spaces exposed in the various positions commonly used for such work, by marking the vertebral borders of the scapulae and have found that this position meets the requirements as well as any other if not better (Fig. 3).

Often our most important findings result from a comparison of the two sides of the chest. Therefore to obtain the most accurate results from percussion, it is necessary that the examiner stand with his ears equidistant from the corresponding areas studied, that is, directly behind or in front of the patient (Fig. 4). If the examiner has only one good ear that ear should occupy this central position.

In percussing the two sides for comparison, if this be done indiscriminately through the respiratory cycles, one side may be struck when the chest is empty of tidal air and the other when it is full, thus giving a misleading difference. Percussion of corresponding areas is best done while the patient holds his breath at the end of exhalation and at the end of inhalation, this to be repeated until the whole chest has been covered.

For each auscultatory combination—patient, examiner, stethoscope, environment, there is a rate and depth of respiratory movement that will give the best result. Sometimes we have this without interference. More often we do not. We may either do our best with what the patient offers or try to secure ideal co-operation. I wish to recommend the following scheme as having met the requirements well:

The above facts are briefly explained to the patient. The chest piece of the stethescope is then placed over an apex; the examiner's free hand is held in front of the patient and he is instructed to watch it, inhaling as the hand is raised; exhaling as it is lowered, and pausing when it pauses. In this way the breathing is directed until that rate, depth, and smoothness is obtained which best meets the requirements of that particular case (Fig 5). The patient is then told to continue to breathe in that way and the directing hand is withdrawn.

It is sometimes difficult to locate the apex impulse of the heart, yet its determination is always important. I have often been aided by palpating the intercostal spaces with the ulnar side and little finger of the right hand. (Fig 6). The hand is placed with the palm up as it may then be curved better to fit the curving intercostal spaces. The greater sensitiveness of the area supplied by the ulnar nerve to certain impressions has been demonstrated, and this procedure may be of some additional value in right-handed individuals.

Another plan is to place the sensitive tips of the slightly separated fingers in the intercostal spaces (Fig. 7). Either of these procedures may be reinforced by taking advantage of forced respiratory movements. We have learned in using the cardio-respiratory test of Frost that toward the end or just after a forceful respiratory effort the systolic pressure rises, and therefore the heart beats with more force. At the end of an exhalation we also have the further advantage of pul-

Fig. 1.—Position for examining the front of the chest.

Fig. 2.—Position for examining the back of the chest.

Fig. 3.—Showing the interscapular space exposed for examination.

Fig. 4.—Showing position of examiner for percussion.

Fig. 5.—A method for securing co-operation of the patient for auscultation.

Fig. 6.—Palpating the apical impulse of the heart.

Fig. 7.—Finger tip palpation of the apical impulse of the heart.

Fig. 8.—Spread finger palpation of the chest.

Fig. 9.—Palpation to determine unilateral impairment of apical expansion.

Fig. 10.—Circumferential mensuration to determine unilateral impairment (front).

Fig. 11.—Circumferential mensuration to determine unilateral impairment (back).

Fig. 12.—Measuring the upper thorax to determine unilateral impairment (front).

Fig. 13.—Measuring the upper thorax to determine unilateral impairment (rear).

monary retraction better exposing the heart.

For palpating the thorax to locate impaired fremitus the custom has been to apply the palmar surface of the whole hand or of the fingers, or the back of the fingers or the ulnar side of the hand. What I wish to suggest is that in doing this we apply only the palmar surfaces of the slightly separated but nearly parallel fingers (Fig 8). The palm of the hand should not touch the skin as in this way there is less tendency for vibration to be transmitted from one finger to another by direct contact. Beginning well up in the area of normal vibration, the hand is lowered a finger's breadth at a time until we are conscious of the fact that there is less vibration under the lower finger, then under the two lower fingers, and finally only the upper finger is in the area of unmodified vibration. A blue pencil mark is then made between the two upper fingers. The hand is so placed that the little finger is uppermost as it is supplied by the ulnar nerve.

In palpation to determine unilateral impairment of apical expansion the custom has been to stand back of the patient, saddle the hands across the shoulders with the fingers covering the upper front of corresponding sides of the chest; or to stand in front of the patient and place the palmar surfaces of the hands and fingers over the front upper part of the chest as the patient breathes in and out. My suggestion is that we stand or sit directly back of the patient, placing the finger tips high up on the axillary region or each side so that they will rest in corresponding intercostal spaces and on the top of corresponding ribs. The hands are anchored in position by the palms and thumbs grasping the scapula groups of muscles (Fig. 9). As the patient breathes in and out the examining hands remain in position on the skin while the ribs in rotating and lifting glide under the finger tips. The usual movement is a little more than one rib-width. I believe that in this way we can more accurately determine any unilateral impairment of movement. This finding is further accentuated by the fact that when one side is impaired the other side tends to take on a compensatory hyperactivity.

The matter of mensuration of the chest has largely fallen into disuse due to the paucity and inaccuracy of the information obtained. The custom has been to determine merely the normal circumference of the chest and the degree of total movement by passing a tape around and taking the readings at rest, at the end of forced inhalation and at the end of forced exhalation. This gives no clue as to the most important data, that of the comparative size and comparative movement of the two sides. I arranged a special device consisting of an overcoat button, a carpet tack and two pieces of common tape, reading out in each direction from the common center. With this crude equipment I measured the chests of 150 patients who had tuberculosis, acute pleurisy, pleurisy with serious effusion; localized and general empyema, pulmonary abscesses, and carcinoma. These patients were all studied by means of X-ray, physical examinations, etc., and the information obtained by this mensuration proved reliable and valuable. This chest tape is now on the market consisting of a central metal button to which are hinged two pieces of tape, graduated both in inches and centimeters. The patient is first prepared by making blue pencil marks down the midline, in the front and back of the chest. The central piece is held on the line in front by an assistant or by the patient. When it is held by the patient, the index fingers of both hands are used so as to make the distribution of the chest muscles equal on both sides (Fig. 10). The reading is taken where the two tapes cross the median line in the back (Fig. 11). This is done at rest, at the end of a forced inhalation and at the end of a forced exhalation. As these readings are taken at the same time, during the same stages of the same respiratory cycles, the findings are naturally accurate.

We became interested in the results of taking these measurements across the shoulders and the two pieces of tape are hinged on the common center so that this can be readily done (Fig. 12). In preparing a patient for this a transverse line is made across the lower thorax in the back and the readings are taken where the tapes cross this line (Fig 13), at rest, at the end of inhalation and at the end of ex-

halation. I have not sufficient data on this to justify any definite conclusions but so far the findings have been interesting.

As might be expected in the circumferential measurements, some data was definite. For example,—in pleurisy with either serous or purulent effusion, the diseased side was larger and moved less on respiration; in fibroid phthisis the diseased side was smaller and moved less on respiration. In the shoulder measurements present findings indicate that at least supplementary information of value may be obtained in apical involvement. We should remember that one of the first reactions to disease is muscular fixation of the area. We recognize this as an important finding in such diseases as appendicitis and cholecyctitis. We sometimes overlook the fact that the same condition obtains in diseases of the thorax and that here also there will be naturally a limitation of the respiratory movement on the side involved. It is probable therefore that mensuration has a larger field of usefulness than is sometimes imagined.

In pulmonary conditions requiring surgical approach such as pleurisy with effusion, the custom has been to make a physical examination, have a film made and when the findings indicate that aspiration or other operative procedure is necessary, to pick out the site for puncture or incision by a study of the film and re-examination of the chest. I tried the plan of making a physical examination and, when it seemed that operative interference might be necessary, to pick out what seemed to be the most desirable site, fix a small coin to this area with adhesive plaster and then send the patient for X-ray study. When the film was studied later we could determine with considerable accuracy if the proposed site was the best, if not we could measure the correct distance and direction on the film then make the same measurements from the marker which had been left on the chest of the patient. The results were highly satisfactory. We found, however, that small coins sometimes did not show up well on the films and particularly did not lend themselves to the making of cuts for publication. This especially obtained where the details were not clear due to the presence of marked pathological changes.

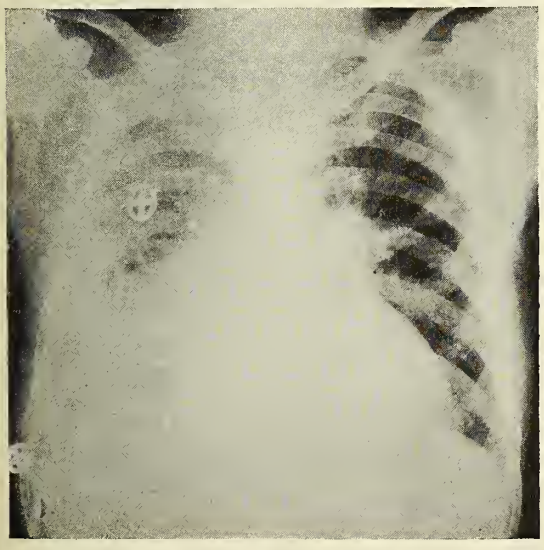

Fig. 14.—The use of lead markers to determine the best site for aspiration.

With the assistance of Mr. Charles K. Goodman, radiological technician at the Baptist Hospital in New Orleans, we devised a distinctive marker that could not be mistaken for anything else. (Fig. 14). This is now on the market at a nominal cost. When a patient has already been aspirated, it is our custom to cover each old puncture wound with a marker before having a film made. We have had some cases in which we have been able to determine that previous punctures for aspiration, particularly in trying to remove localized accumulations, had been quite far away from the material and in several instances we have demonstrated that entrance had been made well below the diaphragm. This plan is not recommended as perfect, but as one of the many aids that at times prove of such value as to justify their uniform employment.

PROGRESS IN OBSTETRICS*

S. B. HINKLE, M. D., F. A. C. S.,
Little Rock.

A careful study of the literature would indicate that the medical profession is in bad repute. Notwithstanding the facts that the longevity rate has been almost doubled within the past half century, and that in thousands of cases suffering and disaster have been prevented; that within the recent past, the mystery of such diseases as cholera, yellow fever, typhoid, malaria, and dysentery has been solved, and their incidence tremendously reduced; that certain diseases such as diabetes and anemia that were heretofore progressively disabling to a fatal issue, are being treated so that their victims are promised years of usefulness and comfort; that the blind have been made to see, the deaf to hear, the speechless to talk and the heretofore hopeless cripples to join the ranks of the useful and carry on: we are reminded every day of our shortcomings and stand always a target for literary and oratorical epithets. Therefore, I was happy indeed, to accept the invitation of your program committee to participate in this year's symposium on progress; though, to tell the plain truth, I doubted that I could show much of real advancement in obstetrics until I began studying the facts and figures, so much had been said of our faults and failings. It was not long, however, before I was convinced that I could come to you, my co-workers in Arkansas, with record evidence of your progress.

My first inquiry was of the Bureau of iVtal Statistics, where I had my first thrill. I was shown that the maternal death rate for Arkansas is being materially reduced; and while I know we should, and believe we will, show further reductions, I am happy to quote—in 1927 the maternal death rate was 83 per 10,000 births; in 1932, five years later, that rate had been reduced to 66 per 10,000, an actual gain of a little more than 21 per cent, bringing with it a happy reduction in the number of stillborn babies; and this, notwithstanding the fact, that 3,051 fewer babies were born in 1932 than in 1927. This reduction was brought about, largely, by interferences of pregnancy, formerly considered criminal, the use of contraceptive drugs, and the wearing of apparatus, new and necessarily crude, manufactured and propagandized by some of our American rubber companies. These practices can do no less than impair health and increase the hazards of child-bearing. I hope you will pardon this gross digression from my subject, but I must remind you that practically none of this reduction in births has been brought about by surgical sterilization of the diseased and the unfit.

How, then, has this improvement been brought about? Not by any particular discovery or invention, but by better obstetrics; by a more complete study and careful classification of the maternity case; by a more conservative and carefully conducted labor; by immediate and intelligent attention to obstetrical injuries and a carefully supervised recovery.

Recent years have shown a marked improvement in the preparation of the community for the care of the pathological case. Twenty years ago the admission of the maternity case to the hospital was a major emergency, for which, there was little preparation as to equipment, nursing supervision, or specially trained staff. At present, there is no large section of the state not provided with equipment and staff adequate to care for the obstetrical emergency, and each section has, at least, one man who gives special attention to the maternity case and who is becoming better and better trained.

I feel obliged to answer some of the criticism expressed against the practice of caring for the maternity case in the general hospital, which, though probably made and published in good faith, is detrimental to the progress of obstetrics. Vast areas of our country, though well supplied with general hospitals, have no maternity hospitals at all, and indeed, may never have. We freely admit that the percentage death rate is high, probably much higher than that of home obstetrics, but a careful analysis of these figures will adequately explain it. During the past five years, 2,700 maternity cases were admitted to the three public general hospitals of Little

*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16, 17, 18, 1934.

Rock, and of these, thirty-four mothers died. Twenty-nine of these patients, however, were admitted as emergencies. Most of these had, in addition to their pathology, been exhausted by long labor, and efforts to deliver, while some had traveled long distances while in labor. Nine had already delivered their babies; one was admitted with a macerated fetus in utero, complicated by peritonitis; one with cardio-vascular disease and apoplexy; two were admitted for ruptured ectopic pregnancy, and died of hemorrhage and shock; one with a deformed pelvis was admitted after long labor and died within a few minutes of her admission; one, after three days of labor, died following cesarean section; one, with intestinal obstruction, was in coma when admitted; one of malaria; one of cancer of the cervix; nine were admitted in convulsions; and one with lobar pneumonia. Of the five patients, who were admitted apparently well, three died of post-partum hemorrhage; one of abruptio placenta; and one died following cesarean section, after exhausting labor.

Medical schools are giving a great deal more attention to obstetrical teaching; a great deal more of actual care of the patient is demanded of the student, and the universally demanded interneship gives him a much better training in delivery technique and post-partum care. Each year, we find more practitioners making contact with men competent to teach obstetrics, and each year the teacher is more and more easily available. It has only been a few years since the physician, to have reliable post-graduate work, had to make long and expensive trips to the clinics of the North and East, while today, obstetrical training of high quality is available in all large cities of the South. Memphis holds a clinical congress each year, where may be heard the best in the world of obstetrical teachers. New Orleans, Dallas, Houston, and other nearby cities, offer like opportunities. Large hospitals, such as St. Louis Maternity and New Orleans Charity, offer a wealth of clinical material and are always open to the practitioner and specialist. Masters in the art of obstetrics, such as the Millers, King, Sellers, and other of New Orleans, the Johnsons of Houston, Willard Cook of Galveston, Pride of Memphis, and many others, in nearby Southern cities, thoroughly competent and always willing to give Arkansas practitioners the value of their advanced knowledge and skill are always available with little loss of time and negligible expense. These opportunities, and many others, are being used by ever increasing numbers. These are some of the reasons why eclampsia is occurring less frequently, and is being treated much more safely; why neonatal blindness is disappearing from our state, and traumatic idiocy and feeblemindness are becoming less frequent.

While claiming a place in the march line of progress we acknowledge obligation to all other branches of medical study and practice. The improvement in laboratory procedure in all of its phases is simplifying the work, both as to diagnosis and treatment. In cases of infection we would naturally be hampered in diagnosis, prognosis, and treatment without the blood counts. The recent advancement in the classification of the white cell gives us, better than ever before, a check on the severity of the infection, and our patient's capacity to combat it. Careful cultural study gives us accurate information regarding blood stream infections while treatment may be effective; blood chemical studies gives us valuable differential information as to the existence and severity of uremia, eclampsia, and diabetic coma; typing and matching of the blood for transfusions; preparation and titration of intravenous solutions; put in our hands therapeutic measures that are frequently life saving.

The roentgenologist is contributing more and more to the safety of child-bearing. He frequently gives us positive information of vast importance, and does it quickly. His diagnosis of fetal death, major deformity, multiple pregnancy and faulty position and presentation is spectacularly accurate; and he is now making us take seriously his promise to accurately measure the pelvis and the baby's head.

The biological diagnosis of early pregnancy exemplifies the axiom so frequently quoted by Brisbane, "What man imagines, he can do." Far beyond the memory of any of us, biologists have said it could and would, someday, be done. The Ascheim-

Zondeck test is the result, and with its modifications, is used by obstetricians throughout the world.

Progress is being made in the diagnosis, classification and treatment of sterility and low fertility. Thousands of doctors are carefully studying and sympathetically treating this condition, and reporting happy results. The most available and easily recitable series is reported by Loomis of California. He reports 732 cases listed, 539 completely studied and classified, 473 treated, of whom 208 became pregnant.

The use of analgesia and anesthesia is not particularly new, but its administration is being simplified and refined, and consequently its acceptance is becoming more general. Indeed, at the present time, few women are denied its benefits when attended by a competent physician. In hospital practice, nothing has been more satisfactory than the combination of morphine and hyoscine for the normally progressing labor, with the addition of one of the more positive anesthetic agents for its termination. In home obstetrics, where trained assistance cannot be had, the close attention demanded is too exhausting to the physician, and probably should not be used. In these cases morphine alone or in combination with small doses of barbital is giving beautiful results.

Episiotomy, in the carefully selected case, especially in primipara, is not only doing much to protect the soft tissues of the mother, but is reducing birth injuries in the child. Restrictions of this operation to hospital deliveries would seem to be quite inconsistent. It is a conservative measure. If the doctor has been interested enough to provide protection for his patient, and is prepared to treat and repair injuries, he should be able to forsee and guard against them with the same relative promise of success.

It is unfortunate that because of defective pelvis, oversized child, and a few other reasons, that some women are unable to terminate their labors. I, personally, am happy to see cesarean section taking the place of the far more destructive procedure, such as high forceps, podalic version, and pubiotomy. The technique has been, and is being markedly improved; the operation being now more of a pelvic than an abdominal one. But what is more important is the advancement noticed in pre-partum classification and mensuration, making it possible for the operation to be done while the patient is in satisfactory condition, before exhausting labor, efforts to deliver, and in some cases, transportation over a long distance to a hospital, render her relatively or absolutely unfit.

The filthy and murderous boaring into and through the delicate structures of the mother, causing unbearable torture at the time, and irreparable damages for the future, but dignified by the term manual dilation and assistance, is being supplanted by the normal effacement and dilation of these parts by the means provided by the All-Wise Creator of Men. All the assistance necessary, or wanted, is watchful waiting, mild narcotics and an understanding heart. This is being provided for more and more people as the years go by.

For the puerperal case; bed exercises, a carefully supervised recovery, a careful check for lacerations of the cervix, and undue displacements of the uterus, and corrections of these conditions, are reducing obstetrical morbidity.

Incubation of the immature baby is a delicate procedure, but can be done in any reasonably well ordered home provided with reliable electric current at a negligible cost. It can be started by any intelligent nurse and carried on by the mother when her recovery permits. Special diets for the undernourished baby, special treatment for the probably injured baby, developed by specialists and endorsed by the best authority, are brought to you repeatedly.

To mention all of the new instruments, new equipment, and new ideas, advanced for the safety and comfort of child-bearing, would require too much of your time, and after all, the most important developments are in the minds and hearts of the men and women interested in the work.

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DR. W. R. BROOKSHER, Editor
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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

The 85th annual session of the American Medical Association held in Cleveland, June 11-15th, demonstrated anew the leadership of organized medicine in its efforts to solve the many and complex problems affecting medical practice and the economic status of the individual physician. Most important among the resolutions adopted by the House of Delegates was that one outlining policies for the guidance of the profession when new forms of medical practice are under consideration.

For the first time a positive statement is available on just what qualifications shall determine the acceptability of any economic variation in the practice of medicine. This is a clear statement of principles, ten in number, prepared by the Bureau of Medical Economics and approved by a special reference committee and the Judicial Council:

1. All features of medical service in any method of medical practice should be under the control of the medical profession. No other body or individual is legally or educationally equipped to exercise such control.

2. No third party must be permitted to come between the patient and his physician in any medical relation. All responsibility for the character of medical service must be borne by the profession.

3. Patients must have absolute freedom to choose a legally qualified doctor of medicine who will serve them from among all those qualified to practice and who are willing to give services.

4. The method of giving the service must retain a permanent, confidential relation between the patient and a "family physician." This relation must be the fundamental and dominating feature of any system.

5. All medical phases of all institutions involved in the medical service should be under professional control, it being understood that hospital service and medical service should be considered separately. These institutions are but expansions of the equipment of the physician. He is the only one whom the laws of all nations recognize as competent to use them in the delivery of service. The medical profession alone can determine the adequacy and character of such institutions. Their value depends on their operation according to medical standards.

6. However the cost of medical service may be distributed, the immediate cost should be borne by the patient able to pay at the time the service is rendered.

7. Medical service must have no connection with any cash benefits.

8. Any form of medical service should include within its scope all qualified physicians of the locality covered by its operation who wish to give service under the conditions established.

9. Systems for the relief of low income classes should be limited strictly to those below the "comfort level" standard of income.

10. There should be no restrictions on treatment or prescribing not formulated and enforced by the organized medical profession.

Other important actions of the House of Delegates were:

1. Declaring "essentially unfair" the securing of free hospitalization and medical attention in government institutions by those not legally entitled to such service (congressmen, judges, senators, etc.).

2. The action of the State of Louisiana in planning to finance additions to its Charity Hospitals by revenue obtained from private patients treated therein was declared "exploitation of the medical profession."

3. Hospital staffs of all hospitals approved for interne training shall be composed exclusively of members of the American Medical Association.

4. Urged state medical societies to appoint special committees to confer with similar committees from the legal profession to eliminate the evils in the field of expert testimony.

5. Requested that state and county relief administrative bodies include physician members.

6. Recommended that the use of the roentgen-ray for both diagnostic and therapeutic purposes be under the direct control and supervision of licensed physicians.

7. Asked that proper steps be taken to prevent the exploitation of roentgenologists by hospitals making a practice of selling the services of such physicians to the public at a profit.

8. Condemned the exploitation of dangerous and valueless drugs direct to the lay public in radio advertising. Asked that a bureau be established to counsel with broadcasting stations on the nature of drug advertising which might be under consideration.

9. Asked for an investigation of medical patents and the funds received from such sources.

10. Adopted three amendments to the Principles of Medical Ethics:

A. Clarifying that section referring to contract practice.

B. Warning clinics and similar institutions that group practice is governed by the same principles as is the individual physician.

C. Declaring unethical the exploitation of physician's services by lay groups or institutions when such institutions derive direct profit from the sale of these professional services.

11. Reapportioned representation in the House of Delegates. Arkansas retains two delegates.

12. Invited the Canadian Medical Association to meet in joint scientific session with the American Medical Association in 1935.

13. Asked that special committees be appointed to confer with labor and industry in order that the position of organized medicine with reference to health insurance might be clearly determined.

Over 6,000 physicians were in attendance and the scientific exhibits and programs were exceptional in quality and educational value. The local committees deserve praise for the smooth operation of the convention. James C. McLester, Professor of Medicine in the University of Alabama School of Medicine, Birmingham, was elected President-Elect. The 1935 session will be held in Atlantic City.

L. J. KOSMINSKY.
W. R. BROOKSHER.

Editorial Comment

A new stock-selling scheme is being promoted in the state with physicians offered the "ground floor" opportunity. This plan apparently provides for a monthly assessment plan of health insurance, the policyholder to call only the physician stockholder in case of illness. Just what remuneration the physician will receive, and when it will be received, is not quite clear. Obviously, promotion and administration expenses will be deducted from these assessments. Possibly the balance will be allotted the physicians. Before investing —investigate!

The recent meeting of the American Medical Association demonstrated a pleasing unity of the medical profession in the fight for preservation of its rights, for a high quality of medical service and for the continuance of the practice of scientific medicine in accordance with ethical standards. The inference was clear that the medical profession of America heeds but one spokesman—The American Medical Association. No other organization may rightly claim to speak for the medical profession, no other organization may lay claim to representing approximately three-fourths of the actively practicing physicians of this country. The condemnation of a special society whose action on prepayment insurance plans had been released to the press immediately prior to the convening of the first meeting of the House of Delegates was strong in tone, yet none too strong when the resentment shown by the delegates is considered. The explanation of this society, while awaited with interest, will be academic in its appeal. The action of the House of Delegates has served well to remind this, as well as other special organizations of physicians, that they too are subject to the policies made effective by county, state and the national organizations.

A motion picture, "The Physiology of Fertilization in the Human Female," has recently been shown to medical societies in Arkansas. First exhibited at the recent meeting of the American Medical Association in Cleveland, this film provides

the practitioner with a theory of sound medical principles which may well be used in his advice to couples on marital relations, thereby avoiding the mechanical and chemical contraceptives, many of which are actually harmful besides being of doubtful value. The efficiency of the principles set forth has been shown to be equal to if not greater than that of other methods. Provision is made for the physician to enlarge his field of service to the public in a perfectly ethical manner on a scientific subject that until recently was entirely in the realm of folklore medicine. This film may be booked upon application to Mead Johnson and Company, Evansville, Indiana, by any society desiring to present it.

Of interest in connection with the Dionne quintuplets are the researches of R. L. DeBuys, of New Orleans, into the history of multiple pregnancies. He found that while quintuplets were born but once in 41,600,000 cases, quadruplets were born once in 747,000 instances, triplets once in 7,103 cases, while twins appear once in every 87 cases. He also ascertained that the Dionne babies were the 31st authentically known set of quintuplets. Mathematically in contrast with the figures of DeBuys are those of W. W. Gruelich of the University of Colorado, who computes the chances for twins as one in 87; of triplets, one in 7,569; of quadruplets, one in 658,503, and of quintuplets, one in 57,289,761. And that's that.

Members who have not done so are urged to read "*Standard Treatment Procedure in Early Syphilis*" by John R. Stokes in the April 21st issue of *The Journal of the American Medical Association.* This is an authorative article, based upon a world-wide investigation, of interest to every practitioner. The author states: "The modern system for the treatment of early syphilis must be continued; it must call for not less than twenty, and, unless special resistiveness is encountered, hardly more than thirty injections of the arsphenamine; and in accordance with the principles generally recognized in the treatment of the disease, the system should call for continued treatment with heavy metal for one year after all symptoms and signs of the disease have disappeared. In order to determine this end-point, blood tests should be made at the beginning and end of each arsphenamine course and the patient should be warned of the lack of significance of the negative report from the standpoint of the schedule."

Obituary

DR. OTHELLO MORENO BOURLAND, aged 75 years, died at Van Buren, June 28th, after a critical illness of but a few days although his health had been impaired since 1929 to such an extent that he had ceased active practice. Dr. Bourland was born at Lone Elm, Crawford County, in 1859 and had practiced medicine for 51 years. He graduated from the Saint Louis Medical College before his 21st birthday and did post-graduate work at Vanderbilt University. He was an honorary member of the Crawford County and the Arkansas Medical Society. Surviving him are his wife, two daughters and one son.

BENJAMIN F. TARVER, Star City, aged 70, died at his home June 20th, following a cerebral hemorrhage. Dr. Tarver was born at Walnut Grove, Mississippi, in 1864, and received his degree at the University of Louisville School of Medicine in 1891. He began practice at Star City in 1892 and has since made that his home. Dr. Tarver was one of the oldest residents of Lincoln County and one of the few surviving members of Bob McCullough Camp, U. C. V. He is survived by his wife, a sister, and seven sons, one of whom is Dr. Vernon Tarver, of Star City.

JAMES VANCE FERGUSON, El Dorado, aged 34, died at Rochester, Minnesota, July 8th. Dr. Ferguson's preliminary education was obtained in the schools at Marshall, Arkansas, and his medical degree from Tulane University in 1923. Following interneship and one year's work at the Mayo Clinic he became associated with Dr. J. B. Wharton. He is survived by his parents, three brothers and six sisters.

Proceedings of Societies

The Tri-County Medical Society met in dinner session at Prescott, June 28th, for the following program:

"Infections of the Hand" (lantern demonstration)—Geo. V. Lewis, Little Rock

"Treatment of Acute Complications of Gonorrhea"—G. W. Reagan, Little Rock

"Care During Pregnancy"—C. D. Rodgers, Little Rock.

The Society will next meet at Arkadelphia July 26th.

C. K. TOWNSEND, *Secy.*

W. G. Eberle, Fort Smith, addressed the Crawford County Medical Society June 26th on "Fertilization of the Human Female." The Mead Johnson motion picture "The Physiology of Fertilization in the Human Female" was exhibited.

Saline County Medical Society sponsored a tonsil clinic at the Bauxite Hospital on July 2nd and a tuberculosis diagnostic clinic on July 25th.

Washington and Benton County Medical Societies held their annual picnic session at Cave Springs, July 12th. Speakers were: S. J. Wolferman, Fort Smith, "Significance of Jaundice," and J. D. Riley, State Sanatorium, "Pulmonary Tuberculosis." This being the 62nd anniversary of the Washington County Medical Society, H. D. Wood, the only living charter member of the society spoke, on his 62 years of association with the society as the anniversary address.

Lawrence County Medical Society and the Woman's Auxiliary met at Rio Vista, July 10th, as the guests of Dr. and Mrs. Wm. Johnson, of Hardy. The following scientific program was presented: "Newer Treatment of Malaria," F. H. Jones, Piggott; "Illegal Practice of Medicine," S. J. Allbright, Searcy; and "Acute Abdominal Infections in Children," Robert Taylor, Memphis. A number of physicians from adjacent counties were present and all enjoyed bathing in Spring River and the barbecue supper served by the host and hostess.

Personal and News Items

Recent publications are "The Technic of Perineoplasty in Extreme Cases of Rectocele" by Dewell Gann, Jr., in The Mississippi Doctor, and "The Treatment of Malaria" by J. J. Baker, in the Tri-State Medical Journal.

Thomas C. Watson was recently installed as President of the Benton Rotary Club.

E. A. Buckley, Bauxite, took postgraduate work at Tulane University during June.

Charles Wallis opened an office at 717 Donaghey Building, Little Rock, in June for the practice of pediatrics.

J. Donald Hayes and J. Harry Hayes have entered into partnership for practice at 746 Donaghey Building, Little Rock.

MARRIED—Fontaine R. Richardson, Fayetteville, and Elizabeth Haney Porter, at Cane Hill, June 12th. The Journal offers congratulations.

A. M. Gibbs, Hamburg, director of the Ashley County Health Unit, has completed a special eight months' course in public health work. An additional month was spent on a traveling fellowship studying public health work in Kentucky and Tennessee.

Fred Krock, Fort Smith, addressed the Leflore County (Oklahoma) Medical Society in July on "Surgery of Pulmonary Tuberculosis."

Irving J. Spitzberg, Little Rock, received the fellowship of the Academy of Pediatrics at the convocation at Cleveland in June.

Joe Shuffield, Little Rock, attended the convention of the International Lion's Club at Grand Rapids, July 17-20th.

The annual conference of the State Board of Health at Hot Springs National Park, July 5th and 6th, was addressed by the following: F. O. Mahony, A. M. Washburn and W. B. Grayson.

E. T. Brown has moved from Lexa to Marvell.

Gordon Hastings, assistant state health officer, has been awarded a fellowship for one year's advanced study in public health work by the Rockefeller Foundation. Dr. Hastings will enter upon this work September first.

Dr. Ruth Ellis, who has completed an interneship at the Woman's Medical College Hospital, Philadelphia, has returned to Fayetteville to be associated with her father in practice.

The Journal of the Medical Society of New Jersey comments favorably upon the report of the Publicity Committee of the Arkansas Medical Society as presented to the recent annual session by Jerome S. Levy, Chairman.

Sam G. Daniel, Marshall, has been appointed Chairman of the Farm Debt Adjustment Committee for Searcy County.

ANNUAL FALL CLINICAL CONFERENCE OF THE KANSAS CITY SOUTHWEST CLINICAL SOCIETY

The Kansas City Southwest Clinical Society announces the dates of the Twelfth Annual Fall Clinical Conference October first through fourth, Kansas City, Missouri.

Unlike previous years, all scientific sessions will be held this year in the President Hotel, starting each morning at 8:30, and continuing throughout the entire day.

The guest speakers who will participate in the conference are Dr. Walter L. Bierring, President American Medical Association; Dr. Hugh Cabot, Prof. Surgery, Minnesota Graduate School of Medicine; Dr. Joseph B. DeLee, Prof. Obstetrics and Gynecology, University of Chicago; Dr. Morris Fishbein, Editor, Journal American Medical Association; Dr. Lee F. Hill, member American Academy of Pediatrics; Dr. Samuel Iglauer, Prof. Otolaryngology, University of Cincinnati College of Medicine; Dr. Samuel A. Levine, Associate Prof. Medicine, Harvard University Medical School; Dr. Philip Lewin, Associate Prof. Orthopedic Surgery, Northwestern University Medical School; Dr. H. O. Mertz, Clinical Prof. Genito-Urinary Surgery, Indiana University School of Medicine; Dr. George E. Pfahler, Prof. Radiology, University of Pennsylvania Graduate School of Medicine; Dr. Fred W. Rankin, Past-Prof. Surgery, University of Louisville; Reverend Alphonse M. Schwitalla, Dean, St. Louis University School of Medicine, and Dr. H. W. Woodruff, of the Woodruff Clinic, Joliet, Ill.

Two hours will be alloted each morning to Sectional Lectures pertaining to pertinent medical subjects to be presented by members of the society. Four of these sectional lectures will be in session simultaneously each morning, so arranged that there will not be any conflict of subjects.

The Public Meeting of Monday evening will bring as speakers, Reverend Schwitalla, Dr. Morris Fishbein and Dr. George Pfahler. This meeting will be open to the public with admission by ticket only and each speaker's message promises to be of intense interest to the laymen as well as the physician.

The local medical societies will co-operate with the Clinical Society in presenting the Tuesday evening scientific session, with addresses by Dr. Samuel Levine and Dr. Fred W. Rankin.

Arrangements are being made for an evening's entertainment on Wednesday at the William Rockhill Nelson Gallery of Art for the visiting doctors and their families. The Alumni and President's Dinners will be the closing feature of the conference.

Two of the guest speakers will take part each day in the Round Table Luncheon, each bringing a non-medical message which promises to afford a few minutes relaxation from scientific thoughts.

Many features of entertainment are being planned by the women's committee for the members of the visiting doctor's family accompanying him to the Fall Conference. A special registration booth will be available for the women where they are urged to register and obtain information relative to the women's program.

The Kansas City Society of Ophthalmology and Otolaryngology will hold a diagnostic clinic Thursday morning in the President Hotel with addresses by Dr. Samuel Iglauer and Dr. H. O. Woodruff.

Book Reviews

I Know Just the Thing for That. By J. F. Montague, M. D., Director, New York Intestinal Sanitarium. Price $2. Pp. 265. New York: John Day Company, 1934.

The author has written a popular book, somewhat weakened in its message by an effort to satisfy the sub-title, "For patients without doctors and doctors without patience." Constipation and its related ills together with a multitude of other subjects, as cathartics, roughage, diet, yeast, obesity, health foods, and the like, are treated in a generally entertaining style. The work could benefit by condensation. The importance placed upon the function of the colon in general health by the author appears to be unduly stressed.

New and Nonofficial Remedies, 1934, containing descriptions of the articles which stood accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1934. Price, $1.50, postpaid. Pp. 510. Chicago: American Medical Association.

The Council has made the usual careful revision of this popular handbook, particularly of the chapter on Arsenic preparations; the article on

Lactic Acid-producing Organisms and in the descriptions of Chiniofon and Vioform. The description of Typhoid Vaccine has been revised as to combination dosage of typhoid and paratyphoid organisms and for the use of the vaccine in non-specific protein therapy. Among the new preparations included are: Aminophylline; the new alum precipitated diphtheria toxoid; Neo-Iopax; Benzedrine, an ephedrine substitute; Autolyzed Liver Concentrate and Extralin; and Sodium Morrhuate. This book deserves a place in every practicing physician's library for the wealth of material which it contains on therapeutic agencies of accepted worth.

Modern Drug Encyclopedia and Therapeutic Guide. By Jacob Gutman, M. D., Phar. D., F. A. C. P., Consulting Physician, Manhattan General Hospital; Director, Brooklyn Diagnostic Institute; Instructor of Medicine, New York Post Graduate Medical School and Hospital, etc. Pp. 1393. Price $7.50. New York: Paul B. Hoeber, Inc., 1934.

This volume is a compilation of 8610 modern, non-pharmacopeal, medicinal preparations, many of which are in general usage today. Each item is concisely described by statements taken from standard works or from information furnished by manufacturer or distributor. The arrangement is alphabetical, separate chapters being devoted to Drugs of known constitution and action, Effective combinations, Preparations of undeclared composition, Endocrine preparations, Hypodermic medications, Biologicals, Allergens, Foods, Beverages. Mineral Waters and Miscellaneous products. A therapeutic guide and a comprehensive index complete the volume. The practitioner is afforded a source of information on therapeutic agents produced by various firms which may be frequently referred to on products of non-official character or which are not Council-accepted. Information on such agencies is usually difficult of access and the volume meets this need of the prescribing physician.

Fetal, Newborn, and Maternal Morbidity and Mortality. Report of the sub-committee on Factors and Causes, Hugo Ehrenfest, M. D., Chairman. White House Conference on Child Health and Protection. Pp. 508. Price $3.00. New York: D. Appleton-Century Company, Inc., 1933.

A large group of the better known obstetricians of America have compiled the information in this volume and have indicated the measures which are necessary to effect improvement in maternal and fetal morbidity and mortality. The pathology of pregnancy is fully discussed. The range of subjects presented is wide and obstetricians will find this a volume for critical study.

Mystery, Magic and Medicine. The Rise of Medicine from Superstition to Science. By Howard W. Haggard, M. D., Associate Professor of Applied Physiology, Yale University. Pp. 192. Price $1.00. New York: Doubleday, Doran and Company, 1933.

The author has proved himself capable of writing this popular work on medical history by his previous volumes. Admirers of "Devils, Drugs and Doctors" and "The Lame, Halt and Blind" will find this fully as interesting. Beginning with the magic of primitive man, the author discusses the gradual growth of medical knowledge and its progress through superstition, ignorance and quackery to present-day scientific medical practice. A glossary of proper names and medical terms is a valuable small reference chapter in itself.

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THE RELATIONSHIP OF ALLERGY TO OTOLARYNGOLOGY*

JOHN J. SHEA, M. D.
Memphis

The relationship of allergy to otolaryngology has assumed an important place in the modern set-up of our specialty. More patients are recognized as being allergic today, because of the combined studies of the allergist and the otolaryngologist.

The rapid rate at which we live and the nervous tension under which we exist are changing our physical being.

Heredity plays an important part, for we must be born with a nervous system capable of reacting in this peculiar manner known as allergic.

ALLERGIC MANIFESTATIONS

Allergy—Altered reactivity.
Prophylaxis—Favoring protection.
Anaphylaxis—Without protection.
Immunity—An excess of antibodies in the blood.
Sensitiveness—An excess of fixed antibodies in the tissues without the protection of circulating antibodies.

TYPES OF ALLERGIC REACTIONS

Migraine.
Vaso-motor rhinitis.
Asthma.
Gastro-intestinal allergy.
Eczema and Angioneurotic oedema.

HEREDITY

The child is the fruit of the family tree and inherits a nervous system capable of allergic reactions. Females are more frequently allergic than males and the transmission is twice as common through the females. In rabbits, the predominating allergic reaction is cardiac; in the guinea pig pulmonary; in the dog hepatic, while in man, any or all of these organs may show predominating reactions.

*—Read before the Fifty-ninth annual session of the Arkansas Medical Society held at Little Rock April 16-18, 1934.

BUFFER SUBSTANCES

The sodium and potassium salts of carbonic, phosphoric, lactic and sulphuric acids comprise a buffer system maintaining a normal bio-chemical balance. The fluids of our body are composed of solutions of weak acid and bases. When a strong acid is absorbed, it immediately reacts with one of these salts to form water acids and a neutral salt. When a strong base is absorbed, one of the weaker acids unites with it to form a weaker base. By this process the reaction of the tissue fluids are controlled. Our bio-chemical reaction is measured in equivalence of pH. The tests are determined not on absolute quantities of the acid and base present, but upon the relative amounts of these two 7.0 pH. is the strength of neutral distilled water and the human limits are from 7.0 to 7.80 pH., but the ordinary state of the body balance runs from 7.30 to 7.0 pH. When the pH. rises above 7.50, we speak of the condition as being alkalosis and reactions below 7.30 are called acidosis, which is merely a relative acid state, for the cell life could not live if the fluids became neutral, less acid.

The color of the nasal membrane covering the septum is of diagnostic value for when it is pale, the sodium and chloride elements are deficient and the body is in need of NaCl, Cac12 and dilute HCl., if the membrane is red, K. Ca, and iodides are deficient. If this membrane is dry, the sodium content is in excess of its normal balance with the K. Should the blood pressure be high, this balance is restored by the reduction of the sodium intake, but if the pressure is normal or low, the balance may be corrected by increasing the intake of potassium. So we see, that the sodium and potassium regulate the fluid balance and behavior of the tissues. Calcium and iodine are antagnostists. Ca is given when we desire to build up tissue and the iodides to break down cell structures.

Histology

The nasal membrane is derived from the endodermic layer of the foetus and is the most sensitive and responsive tissue of the organism. The mucous membrane of the sinuses is less sensitive and responsive, but richer in lymphatics, which ultimately drain into the bronchial lymph nodes. The chest reflects the lymphatic activity of the sinuses.

Nasal Sites

There are areas within the nose and sinuses which are sensitive and responsible for the beginning of the reflex. The established nasal sites are the upper and back part of the septum, the ethmoid region, hyperesthetic areas on the tuberculum and the anterior tips of the middle and inferior turbinates, points of contact between the septum and the outer wall of the nose, all of the sinuses and the region of the sphenopalatine ganglion. A reflexed path from the nose to the lungs is recognized, and a stimulation of it will produce spasms of the bronchial tree or an increased amount of the bronchial secretion. The most commonly encountered reflexes are derived from nasal polyps, contact made by deflected septums, especially those involving the sensitive spots on the septum. The hook-up is through the nasal ganglion with pressure being the trigger.

Migraine

Paroxysmal attacks of headaches preceded by sensory irritations, especially ocular and followed by nausea and vomiting.

Etiology—(a) Gastro-intestinal auto-intoxication.
(b) Cortical disease.
(c) Allergic.

Onset—Before or at puberty—gradual.

History—Hereditary—females and males.

Triggers—Menstruation, worries, eye strain and gastro-intestinal disturbances.

Pathology—Increase of intra-cranial pressure. Felt first in temporal, parietal or occipital region. May be limited to one-half of the head.

Sensory central symptoms—(a) Tingling.
(b) Numbness.

Motor Symptoms—(a) Drooping of an upper eye lid.
(b) Diplopia.
(c) Diminution of vision.
(d) Weakness of a limb.
(e) Motor aphasia.
(f) Vaso-motor — pallor sweating — dilation of pupil.

Viso-Motor Rhinitis

Allergic — Allergens (a) Seasonal — spring, from trees and flowers; late summer to frost, from weeds, grasses and flowers.

(b) Inhalant allergens—contact, face powder, house dust, flour, silks, dandruff, feathers and furs.

(c) Foods—Barnyard products, and shell fish.

Endocrines—(a) Thyroid—hypo-women.
(b) Ovarian—hypo-women.
(c) Pituitary — with headaches.
(d) Semitic—characteristic.

Bio-chemical—Loss of sodium.

X-Ray Study

The initial films of a suspected case may show a cloudiness in one or more of the sinuses similar to those of the purulent type, but a second film made after the administration of a therapeutic dose of adrenalin will eliminate the cloudiness, if the condition is allergic.

Treatment of Vaso-Motor Rhinitis

The medical treatment of vaso-motor rhinitis is based on the re-establishment of the bio-chemical balance, sodium salts of the iodides and mixtures of calcium and phosphorus being important. The internal administration of Ephedrine and a barbytal derivative is more efficacious than the local use of Ephedrine. At one time the intra-nasal radiation of ultra-violet was thought to be specific, but today it is only used in selected cases. "Bernheimer and Cutler reported, where radiation had been carried out on hyperesthetic rhinitic cases, that 50 per cent were relieved one year later."

Many of the commercial nasal drops contain ephedrine, which is habit forming and today we are seeing victims, who are never happy unless their membranes are under the influence of this Chinese drug.

Gastro-Intestinal Allergy

Indigestion allergy—any food.

(1) Barnyard products—eggs, butter and milk.

(2) Animals—(a) Chickens—hens and roosters. (b) Other fowls. (c) Beef and veal. (d) Pork.

(3) Sea foods—Oysters, clams, shrimp, etc.

(4) Vegetables—Nuts, leafy vegetables, starchy vegetables, as potatoes and wheat.

(5) Drug iodiosyncrasy — quinine, iodides, arsenic—unite with the protein of the blood to produce an allergant product.

Eczema and Angioneurotic Oedema

Eczema—Milk and feathers, occupational contact allergens.

Angioneurotic oedema—women — sensitive to discharge, post-operative, diet, shellfish, orbital contents, tongue and throat, larynx-croup.

Infections Associated With Allergy

If there occurs an increased alkalinity the result of treatment of an acute infectious process, the bio-chemistry becomes favorable for an allergic reaction. The presence of an allergic state is not a contra-indication to surgery. But on the other hand, any necessary intra-nasal operation would be carried out, such as submucous resections of obstructive noses, simple drainage of purulent discharge from out of a sinus will remove a trigger. For the reabsorption of sinus discharge often serves as an allergen. Radical pansinus operations are of value in the hands of the experienced, but should not be undertaken as a last resort.

Asthma

A neurosis causing a spasm of the bronchial muscles; a hyperaemia and turgescence of the mucosa of the smaller bronchial tubes and a peculiar exudate of mucin.

(1) Cardiac.
(2) Renal.
(3) Bronchial or spasmodic.
  (a) Allergic.
  (b) Endocrine.
  (c) Bio-chemical.

Modus Operandi

Sensitization to a bacterial protein. Tonsilitis and pyorrhea. Eosinophilia. Reflex from nasal contact:—

(a) Septum—galvanic stimulation and cautery.

(b) Turbinates—pressure on Meckels ganglion.

(c) Ethmoids—cystic degeneration, hyperplasia.

Absorption of sinus discharge.

Sensitization To Bacteria

The allergic patient readily becomes sensitive to the bacteria of an acute or chronic infection, especially those of the sinuses, whereas, infection of the gums or tonsils may be tolerated. In order to study this sensitization, a culture should be grown from some of the sinus discharge upon an agar media. This excludes the possibility of any other protein entering into the test. A vaccine is made by simply washing with normal saline and sterilized by heat. A marked reaction to minute inoculation of this vaccine is proof of a sensitiveness to the reabsorption of the nasal discharge. The importance of this knowledge is that the sensitive patients may hope for relief through their surgery, whereas, those not sensitive can only hope that the removal of some pressure will be of value.

Vagus Stimulation

A hyper-irritable condition of the bronchial vagus, which has been aggravated by sensitization to certain specific proteins may be precipitated into an attack of asthma by either central or reflex stimulations, the cause of the stimulus being a diseased process in other organs such as the nasal mucous mebrane, sinuses, ear, lung tissue, stomach and intestinal tract, gall-bladder, genitalia, bladder and impacted third molar.

Etiology

(1) Allergic manifestation.

(2) Allergic asthma.

(a) Seasonal—Spring from trees and flowers; late summer to frost from weeds, grasses and flowers.

(b) Inhalant allergens—Contact, face powder, house dust, flour, silks, dandruff, feathers and furs.

(c) Foods—Barnyard products, and shell fish.

Endocrines—(a) Thyroid—hypo-women.
  (b) Ovarian—hypo-women.
  (c) Pituitary—with headaches.
  (d) Semitic—characteristic.

Bio-chemical—Loss of sodium.

Osler

Osler defined hay fever and asthma as "a reaction of an anaphylactic nature in sensitized persons, in others possibly a reflex neurosis, characterized by a swelling of the nasal or respiratory mucous membrane, increased secretion, and in asthma, spasm of the bronchial muscle with dyspnoea, chiefly expiratory. There are no essential differences between hay fever and asthma; in one, nasal portion of the respiratory tract is affected, in the other bronchial. Many times both."

Mullin's Classifications

1. Those due to sensitization to pollen, food and other proteins.
2. Those due to infection in the paranasal sinuses,
3. Those due to reflex stimulation.

It should be understood that in any individual case a combination of these causes may be responsible. Infections of the tonsils or pyorrhea are less likely to cause asthma than infections in the ethmoid or maxillary sinuses.

Asthma As a Toxemia (Tobey)

Faulty proteid metabolism with excess of carbohydrates in the diet.

Toxemia alters the asthmatic.

Nasal disease (ethmoid) supplies the spark.

Weille

Dr. Francis L. Weille in an extensive study at the Massachusetts Eye and Ear Infirmary followed several hundred cases of asthma and found the pathology within the nose to be as follows:

	Intrinsic.	Extrinsic.	Reflex.
Cases	32	6	1
Polypoid	70%	50%	
Purulent and Polypoid	49%	50%	

INTRINSIC—Cysts 9%—thickened sinus membrane 10%—polyps 40%—marked fibroma 9% —cystic degeneration 10%.

Many over-lapped.

A study of the sinuses involved showed the following:

Sinus.	Single.	Bilateral.
Maxillary	7	32
Ethmoid	2	26
Frontal	3	17
Sphenoid	0	15

One or more sinuses were involved.

Weille's conclusions were that 50 per cent of the asthmatic patients received long relief from sensible sinus surgery and 75 per cent of the nasal symptoms were cured. If the asthma was extrinsic, the surgery failed to cure in the presence of the extrinsic factor.

Treatment of Asthma

Morphine and its derivatives should be avoided by these patients, as its administration is dangerous.

The first step is the complete testing by a competent allergist, which should include foods, inhalants and vaccines of the ordinary respiratory type. After the testing has been completed, the patient is advised to avoid or eliminate all products that can be taken care of in this manner. If however, the patient is sensitive to certain products, which cannot be avoided such as wind-born pollens, an antigen composed of these clinically important pollens should be administered. The clinical importance varies according to the different parts of the country, for in the extreme Southern States, pollenization lasts nine (9) months.

The diet should include sufficient amount of the foods whose ash is acid. The addition of dilute hydrochloric or nitrohydrochloric acid to the protein meals will aid in maintaining a favorable pH. balance. A patient who is hyper-alkaline reacts allergically more violently, than one whose pH. is low.

Desensitization—Neutralizing the fixed antibodies by repeated administration of small doses of the antigen over a long period of time.

Immunization, by spaced injections of graduated doses of the antigen, an excess of the circulating antibodies is acquired. This has been of great value in the sinus type, where each acute cold precipitates an allergic attack.

Surgery—Removal of focal infections is important, for these patients readily become sensitive to the offending organism present in the focus of infection, especially the maxillary and ethmoidal sinuses.

The allergist, who treats bronchial asthma without considering the possibility that the nose and the sinuses may be diseased or the rhinologist who does not consider the possible presence of allergy will alike meet with failure.

The surgery may be (a) Plastic—as a submucous resection, when a deflected septum serves as an obstruction to the enlargement of the turbinates.

(b) Intra-nasal—antrumotomies with tube drainage, ethmoidectomy, sphenoidectomy and rarely intra-nasal drainage of the frontal sinuses.

(c) Radical—When the surgeon is satisfied in his mind the sinus pathology is serving as a trigger for the allergic attack and he has failed to gain permanent relief with intra-nasal surgery, he is justfied in advising complete removal of the allergic sinus membrane. The results obtained will depend upon whether the patient is sensitive to the organism in this membrane and the competency of the surgeon to do a complete operation.

A temporary or permanent change of environment, and recognition and elimination of extrinsic factors so far as possible should be carried out before sinus surgery is advised; but surgery should not ordinarily be advised as a last resort.

Conclusions

The present study indicates that patients having polyps in the sinuses and nose, and patients having purulent cystic degeneration of sinus mucous membrane are the most favorable patients for operation, so far as the asthma is concerned, but the latter condition cannot be diagnosed preoperatively. Purulent sinusitis is less favorable than sinuses showing polypi.

Patients having extrinsic asthma received no benefit to their asthma from sinus surgery, nor do patients having slightly or moderately thickened sinus linings. However "the worse the sinus disease, the greater the benefit to the asthma," is not necessarily true. Patients who have had drastic sinus surgery without benefit to their asthma are usually no better by "doing over" the sinus operation, such efforts discredit nasal surgery.

Indication for sinus operation in asthmatic patients include:

(a) Sinus disease demanding surgical treatment on its own merits.

(b) Recurrent head colds precipitating asthmatic attacks; the aim of surgery is to lessen the number of such colds.

(c) Attempting to interrupt the vicious downward cycle in the very severe case of asthma by attempting to gain even temporary relief.

(d) Cases in which removal of polypi or sinus irrigation yields temporary benefit.

The sinuses most often affected are the ethmoids, sphenoids and antra, rarely the frontals.

These operations are not always successful because the patient is not sensitized to his own sinus organisms, or because the operative work is not thorough enough. These cases are rare, but brilliant results follow relief of the sinus infection by operation.

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DISCUSSION

Alan G. Cazort, Little Rock: I enjoyed this excellent paper. I find a lot of things to agree with and a few things to disagree with. I wish that Dr. Shea had said more about the differentiation in vasomotor rhinitis cases. I want to ask a question or two. One of them is as to the importance of the eosinophiles in nasal smear in differentiation. And the other is the status of bacterial allergy in vasomotor rhinitis; whether the patient becomes sensitized to the bacterial proteins which normally grow in the nose and, if so, whether we can desensitize the patient to those proteins, using about the same methods we do in desensitizing to the pollens?

Dr. Shea, in Response: We are pleased in the study of the case that we suspect as being allergic when the smear of the nasal secretion carries as high as 10% of eosinophiles. It is better still if the polypi that we remove, or the membrane we take within the sinus is rich in eosinophiles. The trained eye can differentiate an allergic membrane, but the differentiation between a case that is allergic and one that is hypo-endocrine is difficult to make. As to when the patient will get sensitized is difficult to understand. I believe personally that it is the change in his bio-chemical reaction that makes him susceptible.

I wish to thank you for your invitation, attention and discussion.

EVALUATION OF THE SWIFT-ELLIS THERAPY IN THE TREATMENT OF NEUROSYPHILIS*

GRAYSON E. TARKINGTON, M.D., F.A.C.P.
Formerly Director Charles Steinberg Clinic, Hot Springs National Park.

During the ten-year period that the Neurosyphilis Clinic of the Charles Steinberg Clinic has been in operation, the members of the staff have noted that there has been an unusually large number of readmissions for a clinic whose clientele is almost entirely transients. On January first, 1932, a chart was devised which would, in a measure, show the results we were obtaining with our efforts. These were astounding, even to those working in the clinic daily. While being aware of the fact that we were obtaining satisfactory results, we were much surprised at the splendid showing presented in the accompanying table.

The majority of the syphilis patients entering the Charles Steinberg Clinic are transferred to us from the United States Health Service Clinic as intraspinous therapy is not given there. After a complete neurological and physical examination, the patient receives a diagnostic spinal puncture. If the fluid and physical examinations are found to be negative, the patient is returned to the Government Clinic for so-called routine "systemic" treatment. If the fluid is positive, this fact and the physical and neurological findings are correlated, the patient classified according to the following classification and treatment is instituted:

Group I. Preponderantly Meningeal Neurospyhilis. (This group includes most of the early cases of involvement of the nervous system.)

A. Acute Syphilitic Meningitis. Occurring in untreated syphilis, manifesting the characteristic signs of meningitis with the accompanying signs of a recent early syphilis.

B. Neuro-recurrence. Evidence in inadequately treated patients by various clinical manifestations, usually a subacute meningitis with or without focal cranial nerve lesion (seen in 2 to 5 per cent of syphilitics).

C. Mild Meningeal Neurosyphilis. Manifested by mild symptoms or slight physical signs; headache, neuralgic pains, insomnia, vertigo or nervousness.

D. Asymptomatic Neurosyphilis. Patients have no complaint and show no physical abnormalities. Only abnormalities in spinal fluid —a finding in about 20 per cent of all early syphilitics.

Group II. Preponderantly Vascular Neurosyphilis. (Late meningovascular neurosyphilis.)

A. Cerebrospinal Syphilis. Evidence of endarteritic focal lesions with occasional cranial nerve disorder, hemiplegia and various transient paralytic phenomena.

B. Cerebral Syphilis.

C. Arteriosclerosis.

D. Syphilitic Epilepsy.

E. Brain Gumma. Single, presenting local signs of tumor; multiple, presenting the symptomatology of a diffuse neurospyhilis.

F. Syphilitic Tranverse Myelitis. Paraplegia and syphilitic chronic anterior poliomyelitis.

Group III. Preponderantly Parenchymatous Neurosyphilis.

A. Paresis (Neurosyphilis plus a Psychosis). (1) The organic or deteriorated; gross mental deterioration, impaired judgment, clouded sensorium, grave personality changes. (2) An organic reaction with a psychosis of a functional coloring. (3) Cases without the signs of deterioration of general paresis.

B. Tabes.

C. Tabo-Paresis.

D. Late Asymptomatic Neurosyphilis or Paresis. (These are cases exhibiting minor neurologic signs and symptoms which may and frequently do occur in normal as well as in syphilitic persons—headache, insomnia, pupillary and reflex disturbances—but whose occurrence in a patient with a history of syphilis is presumptive evidence of the existence of neurosyphilis.)

E. Primary Optic Atrophy.

F. Congenital Neurosyphilis.

The technic of the Swift-Ellis therapy as employed in our clinic is as follows:

The patient is placed on mercury and iodides for a period of one week or ten days as a precaution against any vascular accidents. He is then given 0.4 gm. arsphenamine (old). We use the straight arsphenamine routinely. From five to fifteen minutes after this injection, 20 or 30 cc. of blood are withdrawn and placed into a sterile, 50 cc. centrifuge tube so if proper separation of the clot does not occur the specimen may be centrifuged. This, however, is rarely found to be necessary. The blood is then allowed to stand for twenty-four hours at room temperature. At the end of that time, 10 to 12 cc. of the serum are pipetted off and placed in a sterile

(*—From the Department of Syphilis, Charles Steinberg Clinic, Leo N. Levi Memorial Hospital, Hot Springs National Park, Arkansas. Read before the fifty-eighth annual session of the Arkansas Medical Society held in Hot Springs National Park, May 2, 3, 4, 1933.)

tube. The serum is inactivated in a water bath at 56° C. for thirty minutes and is then ready to inject into the spinal canal. The apparatus used for the spinal treatment is the barrel of a 20 cc. Luer syringe with about 16 inches rubber tubing attached to it. At the other end of the tubing is attached a glass adapter or window, one end of which has been ground to fit the Luer type of needle. The patient is placed in the recumbent position and spinal puncture is made in the lumbar region. Manometeric readings are made, enough spinal fluid is removed for examination and at least to equal the amount of serum to be introduced. Then the glass window with the tubing is attached to the spinal needle and enough spinal fluid is permitted to flow into the barrel to remove the air; not that the introduction of air would do any harm but this procedure facilitates free flowing of the fluid. The serum is then poured into the barrel of the syringe and allowed to flow into the intraspinal space by gravity. Two to 3 cc. of normal saline solution are used to wash the syringe and tubing clear of the serum so that the full amount is utilized. The patient is then permitted to go home with instructions to lie down until the following morning. Reactions from these treatments are rare but when they do occur, they consist principally of shooting pains in the legs, indicating cord irritation. We have not had a single accident resulting in permanent injury from this method.

I have the records of 100 unselected patients to present (Table I). These patients represent the readmissions from January 1, 1932, to December 31, 1932. The average age of these patients was 42.39, with a representation of a low age of 18 and a high age of 55. The average number of cells on admission was 83.3. This represents a low count of 1 and a high count of 1,125. The average rest period between treatments was 10.46 months, representing as low as six weeks and as high as 18 months. The average gain in weight per patient is rather deceiving for this represents the greatest loss of 23 pounds and the greatest gain of 30 pounds.

TABLE I

ONE HUNDRED RE-ADMITTED CASES OF NEUROSYPHILIS

Average age of patient	42.39 years
Average number of admissions to clinic	2.86
Average length of infection (before admission to clinic)	7.2 years
Average amount of previous treatment: Mercury	19.3
Arsphenamine	14.3
Number with positive blood Wassermann's on admission	93.
Number with negative blood Wassermann's on admission	7.
Number with positive spinal fluid on admission	99.
Number with negative spinal fluid on admission	1.
Average cell count of spinal fluid on admission	83.3
Average amount of treatment received in clinic:	
Arsphenamine	8.16
Mercury	33.8
Swift-Ellis	6.17
Average rest period between treatments	10.46 months
Number of positive blood Wassermann's on readmission	60.
Number of negative blood Wassermann's on readmission	37.
Number without blood Wassermann's	3.
Number of positive spinal fluids on readmission	55.
Number of negative spinal fluids on readmission	37.
Number without spinal tests on readmission	8.
Average gain in weight per patient	1.17 Lbs.

In Table No. II, it will be noted that the largest group was that of asymptomatic neurosyphilis; next the neuro-recurrence group. This, I believe is the answer for an early diagnostic puncture and the institution of treatment.

TABLE II

DIAGNOSIS

1. Preponderantly Meningeal Neurosyphilis.	
(a) Neurorecurrence	18
(b) Mild Meningeal Neurosyphilis	3
(c) Asymptomatic Neurosyphilis	41
2. Preponderantly Vascular Neurosyphilis.	
(a) Diffuse Cerebrospinal Neurosyphilis	5
(b) Syphilitic Transverse Myelitis	3
3. Preponderantly Parenchymatous Neurosyphilis.	
(a) Paresis	5
(b) Tabes	8
(c) Late Asymptomatic Neurosyphilis	16
(d) Primary Optic Atrophy	1

In cases of asymptomatic neurosyphilis with positive spinal fluid we feel that rather than employ systematic treatment for a period of three years and then if the spinal fluid is not negative to institute intraspinous therapy; that if the Swift-Ellis plan is employed early it will avoid, in many instances, parenchymatous neurosyphilis. We feel that our suc-

cess in obtaining satisfactory results in these cases has been our persistence. The Swift-Ellis method has been abandoned in many places as of no value, when in reality the method has not been given a fair trial. One course of treatment will not obtain the desired results; it frequently requires two, three or more.

During the past ten years we have used practically every method described in treating these cases; but we have not found any method equal to the modified Swift-Ellis therapy as we use it.

Summary

1. The results of one hundred cases of neurosyphilis treated with Swift-Ellis therapy are reported.

2. A classification of neurosyphilis is given.

3. The frequency of asymptomatic neurosyphilis and neurorecurrence is emphasized.

4. Institution of intraspinous therapy early in the involvement of the cerebrospinal system is urged.

5. Repeated courses are often necessary.

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DISCUSSION

Dr. Geo. B. Fletcher, Hot Springs: I think after having heard Dr. Tarkington's paper, and having seen his films and having gone over the tables and statistics he has presented, you will realize how much effort is required to do the amount of work he has presented here. If we had a certain cure for syphilis, there would be no reason to continue to discuss it, but we continue to discuss this disease just as we continue to discuss acute appendicitis, malaria, etc. ,and in my opinion we obtain much benefit from these discussions. This particular type of patient is one we see so frequently in Hot Springs and, of course, you see them at home.

There are several points in the paper I wish especially to call your attention to. One of the most important is the value or the necessity of early spinal puncture in leutic cases. At least sixty-five per cent of luetics will show spinal fluid changes early, suprisingly early, not a matter of months but perhaps a matter of days or weeks after the initial infection. That doesn't necessarily mean that with a positive blood we should immediately institute intraspinal therapy, but it does mean that we have a check on that patient early and that later, after our preliminary treatment, we will have a way of checking up on what has occurred in the spinal fluid after that much preliminary treatment. You, of course, realize from the film here that preliminary preparation of the serum must be done by some one competent to do it. It requires a good laboratory and perfect technic. On the other hand you see, as the man walks from the table, that it is an ambulatory type of treatment. The patient isn't laid up with a lot of discomfort, headaches, etc., in fact, unfavorable reactions to the treatment are quite rare. I would be inclined to say more so than in ordinary intravenous treatment. Then we know that the results are sufficiently good to justify this type of treatment. We know that there are many other things that are suggested and used, such as heat therapy, in the form of diathermy, malaria, etc., however, Dr. Tarkington as well as others in other places who have reported on this type of treatment, have such definite statistics that we must conclude that enough good is accomplished to justify continuing its use.

You will notice his mention of mercury. We have never been able and perhaps never shall be able to eliminate mercury, together with iodides, in the treatment of all types of syphilis.

He mentioned the fact that the asymptomatic cases are perhaps in the majority, which is an important fact because of this feature; a patient coming in with perhaps a negative blood Wassermann, and no evidence of organic involvement of the central nervous system, but giving a positive history of syphilis, if properly investigated, may show a positive spinal fluid. It will be our only chance to determine whether there is neurosyphilis present.

Gumma which he mentions, and which is relatively uncommon, usually begins as a meningovascular involvement. It is in the meningovascular stage that, if attacked properly, you will preclude the later occurrence of gumma which, after all, when fully organized, is nothing but a benign tumor, in which the treponema can no longer be demonstrated at this time. Of course the condition is treated as any other brain tumor.

I wish to compliment Dr. Tarkington on the preparation of his paper and in bringing the facts before us so clearly.

Dr. D. W. Goldstein, Fort Smith: I enjoyed the doctor's paper and the discussion of intraspinal therapy. Like Dr. Fletcher, I believe the time for following the stereotyped formulas in the treatment of syphilis has passed, especially that of neurosyphilis. I feel that this is one of the best discussions of the intraspinal therapy that it has been my pleasure to hear. I do not use the intraspinal therapy myself, but I am a follower of other methods of procedure. The doctor stated that in asymptomatic syphilis he gave intraspinal therapy when the spinal fluid was positive. I do not believe that your first at-

tack should be through intraspinal therapy. When I first treat a case, I think of myself as the individual being treated. If I had asymptomatic syphilis, I would never take intraspinal therapy first. We do know that mercury, arsphenamine, tryparsamide and other drugs are used. I would certainly try these before I would take intraspinal therapy. Of course if the house begins to fall, I would use intraspinal therapy as a last resort.

The doctor also stated that he divided his cases. The negative blood cases were sent over to the public health hospital for treatment, and he only treated positives. We know that the most serious cases of neurosyphilis do not show positive findings, and often we see those with a negative spinal fluid, especially the negative Wassermann, that are more serious than we think. We know that the tendency of the Wassermann is to become negative, especially the blood Wassermann, and often the spinal fluid will be positive and the blood Wassermann remain negative. We do not know if the improvement we see in intraspinal therapy is really due to an aseptic meningitis produced by the arsphenamine, or to the arsphenamine which is given intravenously.

I cannot believe that this is an ambulatory treatment, and I hope that you will not go home and use this method of treatment as an ambulatory procedure. I hardly think that a spinal puncture is an ambulatory procedure, though I know some men use it as such. In Dr. Tarkington's hands, in Dr. Fletcher's hands and in the hands of the men of Hot Springs, it may be ambulatory, but I know it wouldn't be ambulatory in mine.

In treating neurosyphilis, a study of the patient before treatment should be made, and if this patient has a meningovascular syphilis of a few months duration, I certainly would not give them intraspinal therapy without using soluble mercury even before arsphenamine. In any case of neurosyphilis, I would not think of giving arsphenamine without a preparatory treatment of mercury or bismuth.

Dr. Tarkington, in closing: As to two or three points which Dr. Goldstein mentioned: First, I did not want to leave the impression that we merely start our treatment from the serological findings. I mentioned the fact that all physical and neurological findings plus the serological findings are correlated when this patient is placed on treatment. I agree that mercury should precede arsphenamine injections. We use that method. Probably not as long as Dr. Goldstein uses it and probably not as long as it should be used. As I say, our patients in the clinic are all indigent. In these patients where money is limited, we have to push them sometimes faster than we care to. I think that is all I have to offer. I have enjoyed the discussions and I appreciate both Dr. Goldstein's and Dr. Fletcher's remarks.

ADDRESS ON THE 62ND ANNIVERSARY OF WASHINGTON COUNTY MEDICAL SOCIETY*

H. D. Wood
Fayetteville

We have met again in joint session to celebrate that good fellowship that has existed between these two societies for many years. This happens to be the sixty-second anniversary, or was on the first Tuesday in this month, of the organization of the Washington County Medical Society. The meeting was held in the hall above the McIlroy Drygoods Store Tuesday, July 2, 1872. And how the names of the men who were entitled to write "M. D." after their names at this meeting remain fixed on memory's tablet after all these years.—Thomas J. Pollard, William B. Welch, Samuel F. Paddock, Robert J. Carroll, George W. Holcomb, Edward F. Brodie, F. N. Littlejohn, John N. Lacey, John C. Grace. Your humble speaker made one of the ten on this occasion.

It is not often that a medical man continues a member of a medical society for sixty-two years, in active practice and ready to answer calls day or night. I feel thankful that my life has been spared for all these years as I have seen more progress made in these sixty-two years than was ever made in any previous two thousand years of the world's history in medicine and surgery. Yet there is room for further progress in medicine and surgery.

May I mention an instance of the daring and skill of a charter member of this society? I refer to Edward F. Brodie, a relative of the great surgeon, Sir Benjamin Brodie. Dr. Ed Brodie located at Billingsly, better known to some of you as "Hogeye" and was a protege of Dr. William B. Welch who had a remarkable knowledge of anatomy and was the leading surgeon in the county. Dr. Brodie had made an appointment for Dr. Welch to help in operating on a woman with a goiter. The young Brodie was at the woman's house on time and had every-

(*—Address given before the joint meeting of Washington and Benton County Medical Societies at Cave Springs, July 12, 1934.)

thing ready for the operation. This was before the days of asepsis when it did not take much time to get ready for a major operation. Dr. Welch got tied up with a case and could not meet his appointment. Dr. Brodie then instructed one of the neighbor men how to give chloroform and did a successful thyroidectomy.

I have sometimes felt that more doctors located in Fayetteville, thinking they were surgeons, than in any other town. I well remember years ago the doctor who came from the eastern part of the state after he had been appointed railroad surgeon in a small town. He stood up straight, dressed elegantly, walked about in a dignified way and let it leak out that he was the only educated surgeon in the city. Notwithstanding the fact that Dr. William B. Welch had lived in the city for more than ten years and was a surgeon in the Confederate Army and was the Chief Surgeon left in charge of the wounded after the Battle of Prairie Grove.

A little bit of surgery fell to the lot of some of us when we would rather have had some doctor of more experience do the work. Well do I remember in the fall of 1881 the little girl ten years old who had been helping to gather a load of corn where the cockleburs grew. When the load of corn had been gathered the children left the field and started to race down the road. The little girl pulled her shawl closer around her neck, as it was a cold day, and started to run with the others. A bur was slightly attached to the shawl and as she ran it was drawn into the larynx and lodged below the vocal cords. With the laryngoscope I could see the bur very distinctly. The next morning I called on all the doctors in the town to get the use of a laryngeal forceps; no one had such an instrument. A classmate of mine, Dr. C. S. Gray, said that he had a long uterine forceps for placing laminaria tents, that could be heated and bent near a right angle which he thought would answer my purpose. With this improvised instrument and the laryngoscope I touched the bur a time or two but failed to grasp it. The child's condition became more distressing in the afternoon, and for fear the bur might become dislodged and drawn into the trachea and get beyond my reach, I decided to do a tracheotomy. It was getting late in the afternoon and both the doctors, whose help I had hoped to have, Drs. Gray and Pollard, were in the country. I called on two young doctors then, just out of medical college, Dr. A. S. Gregg and Dr. Thomas Quarrels. The little girl was chloroformed, I made an incision into the trachea and with dressing forceps caught the bur at the first effort and removed it more easily than I had expected, feeling very much relieved. Many times since then have I called on Dr. Gregg and he has never failed to respond to my call. Sometimes I have been called on by him to assist in a difficult obstetrical case or to help him in a surgical operation. In fact, I have felt like he and Drs. Ellis and Mock were proteges of mine, until they out-stripped their preceptor in their professional progress.

May I trespass on your time and patience by relating a case of the only successful operation of its kind, ever done in Washington County so far as I know; an operation that made a southern surgeon famous throughout the world. I had assisted my preceptor, Dr. B. F. Williams, twice in operating on a vesico-vaginal fistula, once while I was an undergraduate in 1870, and again in 1873. Dr. Williams failed to get union. My recollection is that Marion Sims succeeded after his seventh attempt. Dr. Sims did his first work on negro women before he succeeded in curing a case of vesico-vaginal fistula. My friend, Dr. J. W. Kennedy, of Philadelphia told me that no race of people stands surgical work so well as the negro race. So surgeons of the south have excellent opportunities of success in their work. A medical friend of mine who was anxious to do surgery, knowing that I had helped my preceptor and that I had the instruments necessary, said he wanted me to help him on a case of this kind that had come to him for relief of her distressing condition. It was before we had a hospital in the city. A residence had been rented where operations could be done. On the morning of the operation the doctor said he had such a cold in his head that he wanted me to operate. I did not know whether it was a cold in the head or cold feet. I found the fistulous opening near the pubic ramus and when I

pared the edges of the opening and started to insert the sutures the point of the needle struck the pubic bone a time or two. I felt quite anxious about the successful outcome of the case. The doctor did not call me when the time came to remove the sutures, but he was glad to tell me that "we had succeeded in making a watertight joint." I felt gratified with the result.

I find on the roster of the Washington County Medical Society 115 names and among this number there have been many who have done excellent surgical work, but among this number, whom I have been privileged to watch during these sixty-two years, I have not felt like it could be said of any one of them what John C. Dacosta said of Joseph Pancoast, when he made a talk at the celebration of the 50th anniversary of the Philadelphia Medical Society in 1899. He said of this skilful surgeon: "He had an eye as swift as a flashing sunbeam and a hand as light as a floating perfume." Let us hope that before the Washington County Medical Society celebrates its Centennial that some member of this society who is now with us or who will join later, will approach in skill and dexterity what Dacosta said of Joseph Pancoast, if they ever keep in mind the conservation of human life.

May I mention but one instance of the progress in medical practice in these sixty-two years that has given me more comfort and a higher appreciation of the greatest of all professions than any other one thing,—the perfection of a diphtheria antitoxin that has saved the lives of millions of human beings, so easily administered for the cure of this one-time dreaded disease.

There is one thing that the Washington County Medical Society did soon after it was organized that contributed in a large measure to its high standing among the medical men of the state; that was the purchase of fifty copies of The Code of Ethics of the American Medical Association, giving to each of its members five copies that the members of the society as well as the laity might have a better knowledge of the duties of physicians to patients, the duty of patients to physicians, and of physicians to each other. Well do I remember writing this couplet in some of the copies that I gave out: "Read carefully and return that others their duty may learn." These rules of good conduct for medical men are now called Principles of Medical Ethics. When medical men in any community live up to these rules there will always be harmony and good will among medical men. May I urge upon you the reading and careful observance of these rules.

NEW LILLY RESEARCH LABORATORIES

The new Lilly Research Laboratories are nearing completion and will be ready for occupancy in early October.

Throughout an existence of nearly sixty years Eli Lilly and Company have been guided in their efforts to serve the professions by men whose primary interest has been the production of medicinal products for use in prescriptions written by physicians. Colonel Eli Lilly, the founder, was a skilled pharmacist with an aptitude and enthusiasm for his work, for making prescription supplies in new and better ways. His son, Josiah K. Lilly, throughout his connection with the company, a period covering fifty-eight years, has been a persistent experimenter who has constantly sought to improve prducts and processes. To him belongs the credit for establishing the first Lilly research activities in a special laboratory devoted wholly to that phase of the industry.

A member of the third generation of the Lilly family, Eli Lilly, grandson of the founder, is now president of the organization and it is under his direction that the culminating point in Lilly research activities has been attained through the completion of the magnificent structure that will be formally opened in the fall. These new laboratories will embrace the very latest facilities for scientific work and they will also reflect the progress of modern medicine. A broad and far-reaching program has been planned in keeping with the spirit of medical research and the aspirations of a company that since its inception has recognized the need for close affiliation of research with practice.

"The length that a single tapeworm may attain is prodigious. Ordinarily it measures from 4 to 8 M. (approximately from 157 to 315 inches). But Berenger-Feraud claims to have observed a monster measuring 74 M. (about 2,913 inches). Such tapeworms bid fair to rival the sea serpent in length. A tapeworm of normal dimensions is composed of from 1,200 to 1,300 segments or proglottides. The size of these segments dwindles as they are traced upward toward the head, those nearest the head being exceedingly narrow and immature. A mature segment is from 16 to 20 mm. (approximately from 6/10 to 8/10 inch) long and from 3 to 7 mm. (from 1/10 to 3/10 inch) broad," according to Dr. Claude Lillingston, whose third article of the serial on "Our Parasites" discusses "The Tapeworm" in the August *Hygeia*.

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

THE THERAPY OF MALARIA.

An abstract from the third general report of the Malaria Commission of the League of Nations has been sent out from Amsterdam, emphasizing, probably in a none too altruistic manner, the advantages of quinine. The viewpoint of the Malaria Commission is that quinine is the best drug for prophylactic use and that the curative effect of quinine and atabrine is equal.

For nearly one hundred years malaria therapy and quinine were synonymous. The World War with its embargoes so cut off the supply of quinine to Germany that synthetic anti-malarial drugs were of necessity produced. These, as finally perfected, are Plasmochin (1925) and Atabrine (1930). The former is the most effective agent for destruction of the sexual parasitic form and prevents the crescent carrier in the estivo-autumnal type from infecting mosquitoes. The merits of Atabrine are its toxic effect on the ring form of the parasites, the smaller dosage and the shorter course of therapy (1½ grains three times a day for 5 successive days in tertian or quartan type; in the estivo-autumnal type, Plasmochin in 1/6 grain doses three times a day is added).

Quinine therapy in its now generally standardized form has been quite successful for many years, yet there are failures. Experimentation has shown that quinine is insufficient in destroying the sexual parasitic forms so as to prevent mosquito infection and subsequent human infection.

The efficiency of the types of treatment now available has been studied through the analysis of over 5,000 cases, treated with various combinations of drugs in different parts of the world. Insofar as the length of fever in an acute attack is concerned, the three drugs exhibit little difference. Ring forms disappeared from the blood after atabrine in 2-3 days (at times, after more than one course); after quinine, in 6-8 days; after atabrine and plasmochin, 1-3 days and after quinine and plasmochin, in from 1-1½ days. With the sexual forms the peripheral blood was cleared by atabrine alone in 4 per cent, by quinine (complete course) in 15 per cent, by atabrine and plasmochin in 96 per cent and by quinine and plasmochin in 75 per cent of all

cases. Approximately 25 per cent of quinine-treated cases have relapses, 5 per cent of the atabrine and plasmochin-treated cases and from 10-20 per cent of the quinine and plasmochin-treated cases.

Thus, while the ideal malaria therapeutic agent has not yet been discovered, it would appear that the newer synthetic preparations are steps along the road to its eventual disclosure.

Editorial Comment

Members of the Arkansas Medical Society are urged to co-operate with the State Board of Health by making more definite and detailed the cause of death as given on death certificates. The Bureau of Census is returning an excessive number of death certificates to Arkansas as incomplete and is requesting additional information from the attending physician. Dr. Grayson has recently mailed a copy of the Physician's Pocket Reference to the International List of Causes of Death to each physician in the state and has asked their co-operation. Compliance with the regulations and the standard list of causes of death contained in this booklet will lighten the work in the Arkansas Bureau of Vital Statistics and measurably increase its standard of efficiency. Keep this booklet readily available and refer to it when occasion calls for the completion of a death certificate.

At a meeting of the Council of the Arkansas Medical Society August 1st, the following committee was appointed as an Advisory Committee from the Society to the Emergency Relief Administration: M. E. McCaskill, Chairman; S. J. Wolfermann, S. B. Hinkle, D. A. Rhinehart and W. R. Brooksher. This committee is encouraged by the reception accorded its suggestions made to the Relief Administration and is hopeful that by further conferences a more satisfactory and equitable system for medical relief may be arranged. Acting on the suggestion of the Administration, a fee schedule has been presented for consideration which the committee feels is fair and just for the medical profession of Arkansas. As yet no action has been taken on this but we are hopeful that a favorable decision may be reported to the members at an early date.

Proceedings of Societies

The Southeast Arkansas Medical Society met in Hamburg July 16th for a program by the following speakers: F. O. Mahony, A. C. Kirby, W. T. Lowe, Gordon Hastings and C. P. Gray. C. E. Spivey, of Crossett, was host for the meeting.

The Sixth Councilor District Medical Society will meet at Hope, September 11. The following program will be presented, beginning at 10:00 A. M.:

Pneumonia — It's Complications and Treatment—Phil McNeil, Oklahoma City.

Common Skin Diseases—D. W. Goldstein, Fort Smith.

Osteomyelitis — Willis C. Campbell, Memphis.

Cancer of the Cervix—M. Smith and Joseph Kelso, Oklahoma City.

Some Diagnostic Problems in Diseases of the Lungs—Sam E. Thompson, Kerrville, Texas.

Luncheon will be served at noon and in the evening Dr. Sam E. Thompson will address a public meeting on "Health Problems Are Individual Responsibilities."

Members of the Jefferson County Medical Society were guests of the Davis Hospital at a banquet held at the Hotel Pines, Pine Bluff, on August 7th. Reports of hospital progress and entertainment numbers featured the meeting.

The Independence County Medical Society were guests of Dr. and Mrs. Frank A. Gray for a boat excursion and supper on the White River in July.

Mississippi County Medical Society met at Blytheville August 7th for the following program:

The Use of Sodium Thiocynate in Dysentery—L. D. Massey, Osceola.

Some Practical Points in Gynecological Treatment—Percy Wood, Memphis.

The Obstructing Prostate—Thos. D. Moore, Memphis.

The Blytheville Hospital entertained the society at a watermelon feast at the conclusion of the program.

F. D. SMITH, *Secy.*

The Tri-County Clinical Society met in Arkadelphia on July 26. The program, by speakers from Little Rock, included S. F. Hoge on "Early Syphilis"; Paul Mahoney on "Differential Diagnosis Between Otitis Media and External Ear Infection"; J. O. Hall, D. D. S., on "Oral Health", and F. W. Carruthers on "Fractures."

Personal and News Items

Ground was broken on July 30th for the new medical school building which will be erected just south of the City Hospital in Little Rock. J. K. Sheperd, president of the Chamber of Commerce, presided, and the first shovels of dirt were lifted by Marion Wasson, Fred I. Brown and Alexander Allaire. The spade used will be placed in a cabinet in the lobby of the new building. Addresses were made by Dr. Vinsonhaler, Marion Wasson and Grover T. Owens. The erection of the new building climaxes more than thirty years of effort on the part of the school to obtain a proper building for its activities.

The July issue of the *Southern Medical Journal* contains "Malaria Control in Arkansas, 1933," by W. B. Grayson, and "Experimental Production of Gastric Ulcers in the Albino Rat as a Result of Vitamin G Deficiency," by Harvey Thatcher (with Barnett Sure). The *Tri-State Medical Journal* for July contains "Intravenous Medication—a Consideration of Some of the Drugs Used Today," by Daniel R. Hardeman, Little Rock.

Geo. F. Jackson and W. F. Smith have been elected 1st vice-president and director, respectively, of the Little Rock Boy's Club.

M. E. McCaskill, President-elect, is the subject of a laudatory article in the July issue of *The Mississippi Doctor.*

W. R. Brooksher has been appointed a member of the publication committee of the American Radium Society.

MARRIED—J. D. Riley, superintendent, Arkansas Tuberculosis Sanatorium, and Miss Louise Stevenson, at Booneville, on August 9th. The Journal offers congratulations.

Announcement has been received of the marriage of Dr. Laman A. Gray, son of Dr. and Mrs. Frank A. Gray, of Batesville, to Miss Alice Virginia Crothers on June 4, 1934. Dr. Gray is a member of the house staff of Johns Hopkins Hospital.

H. H. Smiley, Texarkana, has been appointed district deputy grand exalted ruler of the B. P. O. E. for the western district of Arkansas.

R. R. Kirkpatrick and W. Decker Smith were recently elected commander and executive committeeman respectively of the Texarkana Post of the American Legion.

J. J. Willingham, State Sanatorium, directed a tuberculosis clinic and spoke to the Lions Club at Van Buren on August 8.

THE AMERICAN COLLEGE OF PHYSICIANS WILL MEET IN PHILADELPHIA, 1935.

The American College of Physicians will hold its Nineteenth Annual Clinical Session in Philadelphia, April 29-May 3, 1935.

Announcement of these dates is made particularly with a view not only of apprising physicians generally of the meeting, but also to prevent conflicting dates with other societies that are now arranging their 1935 meetings.

Dr. Jonathan C. Meakins, of Montreal, Que., is President of the American College of Physicians, and will arrange the Program of General Sessions. Dr. Alfred Stengel, Vice President in Charge of Medical Affairs of the University of Pennsylvania, has been appointed General Chairman of local arrangements, and will be in charge of the Program of Clinics. Mr. E. R. Loveland, Executive Secretary, 133-135 S. 36th Street, Philadelphia, Pa., is in charge of general and business arrangements, and may be addressed concerning any feature of the forthcoming session.

"Biologically, medically, socially and culturally, the eye is of prime importance and most significantly useful," Dr. Hyman Cohen says in the introduction to "The Eye Book," the first chapter of which appears in the August *Hygeia.* Dr. Cohen continues by saying, "And no wonder, for its [the eye's] parent is the sun himself. There, above, is the sun, which has poured its light down on the earth ever since these two have traveled the spaces. It hatched all living things; it made their surfaces sensitive and responsive to impinging rays. When the first lowly creatures needed sight, the sun, by its insistence, generated the eye. Never since have the creatures, high and low, thus outfitted and adorned, ceased to worship, each in its own way and measure, the source that gave them eyes with which to see; nor has mankind ceased to marvel at the spectacle before it and to be thankful for the greatest of all gifts, sight."

Book Reviews

The Medical Profession and the Public. A publication of the College of Physicians of Philadelphia. Joint Meeting of The College of Physicians and the American Academy of Political and Social Science, February 7, 1934. Pp. 112. Price $1.00. Printed for the College, Philadelphia, 1934.

This volume contains the addresses presented at a joint meeting of the College of Physicians of Philadelphia with the American Academy of Political and Social Science and is of utmost importance to the individual physician inasmuch as the ten addresses discuss the problem of socialized medicine. The viewpoints of the Milbank Memorial Fund and the Julius Rosenwald Fund, who advocate the adoption of a socialized scheme of medical practice, are presented. It is obvious that the weight of this program was thrown to the side of the proponents of socialized medicine; Morris Fishbein alone representing organized medicine and speaking for the individual practitioner of medicine. In all fairness we believe that he has well supported the contentions of organized medicine against considerable odds.

Passional Psychology. By Dr. Jacobus X. Privately printed. Pp. 405. Price $4.00. New York: The American Anthropological Society, 1934.

This volume deals with the study of the physiology and psychology of the sexual life and compares the distinguishing features of the psychology of love in the male and the female. For the purpose of this study the development of the sexual instinct is traced from lower forms of mammalian life to the human being. The work is of particular interest to students of psychology and psychiatry.

Manual of Diseases of the Eye. By Charles H. May, M. D., Director and attending surgeon, eye service, Bellevue Hospital, New York, 1916 to 1927. Consulting opthalmologist to the Mount Sinai Hospital, to the French Hospital, etc. Fourteenth edition, revised. Price $4.00. Pp. 478. Baltimore: William Wood and Co., 1934.

The fourteenth edition of this well known and justly popular book lives up to the standard that has justified thirteen previous editions with many reprints. As a manual for the student and general practitioner it covers the subject in a comprehensive yet brief manner and is a volume of convenient size.

After three chapters devoted to methods of examination, the component parts of the eye are taken up and presented so that the separate parts may be made most clear. Each chapter presents concisely the anatomy, the diseases of the part, relation to other parts, pathology and treatment. Treatment,—that which most interests the general practitioner,—is well presented, and the remedies and measures advised are most sound.

The colored plates, which are especially useful in presenting certain phases of this subject, deserve special mention. There are twenty-five such plates with 78 colored figures which have been selected with care as to present typical and common conditions and have been reproduced for the most part with great accuracy. The novice in opthalmoscopy, for example, could by consulting the plates easily differentiate a given case of optic atrophy into primary or secondary.

As the author states it is not recommended as a substitute for the larger works on Ophthalmology yet it gives the fundamental and essential facts on the subject and the commoner diseases and conditions are described with comparative fullness.—R. J. C.

The Spastic Child. By Marguerite K. Fischel. Pp. 97. Price $1.50. Saint Louis: C. V. Mosby Co., 1934.

Being deeply interested in pediatrics, "The Spastic Child" held a strong appeal for me. A small volume of 97 pages, it is a thunderous rebuttal to the "hopeless" or "nothing can be done" opinions, all too frequently pronounced by men of medicine. Little's disease, or spastic paraplegia, is the subject; Therapy, in its various phases, its content; Tragedy, its background; Courage, its motif; and Success, its ending. It is a record of only one child but offers hope to many. This is a volume well worth having in your library.—J. W. A.

Compend of Diseases of the Skin. By Jay Frank Schamberg, A. B., M. D., Professor of Dermatology and Syphiolology Graduate School of Medicine, University of Pennsylvania, etc., and Carroll S. Wright, B. S., M. D., Professor of Dermatology and Syphilology Temple University School of Medicine, etc. Ninth Edition. Cloth. Price $2.00. Pp. 319. Philadelphia: P. Blakiston's Son and Co., 1934.

This edition has been expanded to include modern treatment of syphilis, lymphogranulomatosis cutis and granuloma inguinale. This compend may be approved as one of the most useful guides to dermatology thus far available. The book is printed on thin paper in easily readable type. Altogether, it supplies a vast amount of exceedingly useful and practical data at a low price. It is a book that a physician will want to keep on his desk and to carry about with him in his handbag.—G. F. J.

Surgical Clinics of North America. (Mayo Clinic Volume—June, 1934). Volume 14, Number 3. 221 pages with 70 illustrations. Per Clinic Year, published bi-monthly, paper $12.00, cloth $16.00. Philadelphia, W. B. Saunders Co., 1934.

All Mayo Clinic articles, cases, reviews and volumes are extremely interesting and set a high example of medical writings for the profession. We expect and do find, a large number of interesting and rare conditions that would come under their observation. An interesting report is one of malaria developing following an operation, a condition frequently seen in the South. We find Judd stating that gastro-enterostomy has given satisfactory results in about 90 per cent of all cases in which it was the most logical procedure and in which it was properly performed. This a higher percentage than other surgeons report and so adds more fuel to the ever increasing argument concerning ulcer cases. A unique method of improving the abdominal wall in cases of fistula and also testing the potency of the intestine is by plugging the external fistula opening with chewing gum, which the patient has previously chewed to the requisite softness. This method was originated by the late Donald Macrae, Jr. of Council Bluffs, Iowa.—I. F. J.

ANNUAL FALL CLINICAL CONFERENCE OF THE KANSAS CITY SOUTHWEST CLINICAL SOCIETY

The August Bulletin of the Kansas City Southwest Clinical Society is the Broadside announcing the program of the Annual Fall Clinical Conference, October first through fourth.

This is the twelfth consecutive year of the clinical conferences presented each October in Kansas City, Missouri. If you have not received a copy of this Broadside, one is available for you in the Executive Office of the Society, 207 Shukert Building, Kansas City, Missouri.

Forty lectures will be presented before the General Assemblies by twelve guest speakers and twenty members of the society during the morning, afternoon and one evening session. Subjects of these addresses will pertain to interesting features of medicine, surgery and the specialties.

Addresses appropriate for the lay public as well as the medical profession will be delivered by three guest speakers on Monday night before the public meeting.

Two addresses will be presented by guest speakers before the Tuesday evening joint meeting with the local medical societies.

Two short addresses will also be made daily at the close of the round table luncheons by guest speakers.

Wednesday evening will be devoted to entertainment for the attending physicians and their families.

The scientific exhibits will be on display in the Congress room of the Hotel President during the entire conference. These exhibits will consist of photographs, micro-photographs, X-rays, pathological specimens, etc., on tuberculosis, arteriography, hypospadias, foreign bodies, tumors, cancers, as well as clinical applications and demonstrations.

The completed program of this Fall Conference will appear in the September issue of the Monthly Bulletin of the Kansas City Southwest Clinical Society.

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ALLERGY: AN EVERYDAY PROBLEM

W. T. WOOTTON, M. D.
Hot Springs National Park

To paraphrase Osler: "Know Allergy in all of its manifestations and you will know all diseases."

As long as we have been seeing urticaria, hay fever, asthma and other evidences of the wide variation that angio-neurotic edema may assume it is a little surprising that we ordinary, every-day practitioners have been so slow to accord allergy its rightful place as an imitator of various and sundry other conditions and as a meddler with symptoms in general. Instead, we have left it in the hands of the hay fever specialist.

That allergy ranks as one of the foremost considerations in making a diagnosis in most of our every-day routine work cannot be successfully denied. Whenever a case is not absolutely conclusive in its symptomatology; if laboratory and physical findings do not completely check; allergy should be considered and ruled out prior to further procedure. Very few differential diagnoses are complete without due consideration of an allergic influence.

I shall recite a few examples of its widely diversified nature in an attempt to show the practical, every-day necessity for keeping allergy constantly in mind when seeing your usual run of patients. It is my sole aim to strongly emphasize this necessity and in so doing I hope that my past failure to realize that allergy is not a condition to be relegated to the specialist but one to be dealt with in an every-day manner may keep someone else from falling into that same error. As I see it, allergy is to be suspected in all unusual cases. Generalizing I should say that allergic tests will more often give positive information in routine studies than will basal metabolism, blood chemistry or Wasserman tests.

Whenever a family or personal history reveals asthma, hay fever or urticaria one should most certainly be on guard.

When a patient presents himself at your office and states he has tried all the skin specialists he has heard of and has not been relieved, it is not enough for you to say he has probably been eating something unsuited to him. It is up to you to determine what food is poison to that particular individual, as this may relieve his symptoms.

It might be well to also keep allergy in mind when reviewing that case which exhaustive medical or surgical attention has failed to completely relieve. Do not be content to hope that time will in some way overcome symptoms too obscure for you to cope with. At least eliminate any chance that you may be dealing with allergy before setting that patient adrift.

Allergy is a very definite condition subject to very practical application in diagnosis and treatment. Its simulation of so many well-defined diseases is apt to mislead us and keep its importance underemphasized.

Case 1. Male, age 62. Luetic history extending back 40 years. Treatment had been quite sketchy or inadequate. Chief complaint, shooting pains in both legs. Worse some weeks than others with periods of freedom as long as two months. Blood and spinal fluid serology entirely negative, cell count normal. Neurological tests failed to locate a lesion. Other than the recurrent lancinating pains, this man's general health seemed exceptionally good. He came to Hot Springs believing his old boyhood trouble was in some way at the bottom of his discomfort. It was not hard to agree with him that such a possibility was tenable though all physical and laboratory findings denied such a condition. He underwent a very thorough course of antileutic treatment without abatement of symptoms. He was reminded that the river runs muddy for sometime after the rains cease.

This man returned a year later without change

*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

in symptoms. The river was still muddy. In considering other causes for the persistent symptoms, allergy seemed a remote possibility but nevertheless he was put through the tests which revealed that he was sensitive to practically all sea foods and many fruits. Correcting his diet has relieved his pains for over two years.

Case II. A woman, age 42, who had been a sufferer from migraine for at least 15 years. In this instance allergy was the first causative agent suspected, although one of the best hospital clinics in the East had centered on a bacterial origin, resulting in innumerable sinus drainages without relief of symptoms.

Her attacks were so severe that her physician wrote that a half-grain dosage of morphia would be required at frequent intervals to produce any semblance of ease during an attack. This I had ample opportunity to verify.

She was found sensitive to twelve articles of food in her regular diet and also house dust. Correction of the latter was a problem, but oil mopping instead of sweeping practically answered the question. As long as she could or would stick strictly to her diet she would be free of migraine, but should she relax this vigilance through the misadventure of dining out and partake of a salad, vegetable, soup, croquette, hash or other food combination of unknown origin she would pay the price within 24 hours.

Case III. Young married woman, age 24, would suddenly be overwhelmed by a desire to vomit with little or no preceding nausea. Of course pregnancy was suspected though unsupported by other symptoms. When definitely ruled out as the cause, allergic tests reevaled the excitant agents as unaccustomed articles of food being consumed in an effort to conform with her husband's household. Of course the neurotic element entered into the picture as "Particeps Criminis."

Case IV. A woman, age 28, wanted to take baths on general principles—which may also be a good reason for bathing. A herpetic and maculo-papular eruption was quite evident, marring an otherwise skin "you would love to touch." She said she considered her blemishes a part of "The Curse" as they were always worse at her "periods" but never quite left between times. She remarked that she had become resigned to her fate having used a carload of ointments without encouraging improvement and now no longer tried to do anything to cure it.

It was quite difficult to sell her on the allergic idea. However, since a very inconsequential change in her diet removed all outward evidence of "The Curse," she is trying to sell the idea to every pimply-faced young matron she knows.

Case V. An active, alert gentleman of 71 years could not dress himself due to so-called arthritis of several years standing. His pain was in his shoulders and elbows mostly, and in the knees and hips moderately. The vibration of the wheel in trying to drive his car caused agony. X-rays of the joints disclosed no bony or ligamentous change. Diligent search in several of the best clinics in the North failed to reveal an infected focus that might be accused.

This man came out of a prominent sanatorium on a diet of milk, cheese, eggs, nuts, oranges and vegetables. I claim that is a good diet in any man's country, but it was rank poison to this one individual. He was four plus positive to the first five named articles and variously sensitive to more than fifty common articles of food. Eliminating these there remained a neat little problem in finding something for him to live on. After completely revolutionizing his epicurean existence, he became again comfortable, can dress himself and writes that he drives his car daily and is actively at his work as manager of a telephone corporation.

Case VI. This lady came in saying she only wanted bathing directions as she had already been through several clinics and they could find no infection to account for the neuritis in her arm. She inadvertently made some mention of her hay fever, which was a wonderful opening wedge in the matter of other allergic possibilities. Scratch tests in this instance revealed in food that which had been sought in tonsils and cervix.

A peculiar feature of this case, at least it so seemed to me, was that she had been treated seasonally in a hay fever clinic for several years and was thoroughly posted on pollens, yet had never had any tests for foods.

Case VII. A neurotic young matron, age 31, would have peculiar sensations or feelings after eating. She would become so irritable that at times she would almost lose self-control. As she expressed it "she would feel and act as mean as the devil." Breakfast was alright, but lunch and dinner almost invariably brought on tantrums. She said a number of surgeons had suggested exploratory abdominal operation as a means of determining the cause of her gastric and abdominal distress.

Believe it or not, her disposition underwent a complete though slow metamorphosis as the allergic foods were removed from her diet.

Case VIII. A lady nearing the eighties in years and 225 pounds in weight came in all hot and bothered because she could not rise from a sitting posture with ease or walk off until she stood for a few seconds to get the kinks out of her knees. In spite of the acknowledged age and evident weight, this lady was in all respects, desires and actions as young as if only half that age. X-ray again failed to reveal any change in or around the joints. There was considerable swelling, however.

Years ago she had been told to forego all red meats and substitute fish and fowl. Scratch tests showed that she was not in the least sensitive to any one of the red meats or bacteria but was four plus to chicken, duck, turkey and sea foods. Within ten days after correcting the diet to conform with her allergic tests the swelling had materially decreased. There was less impairment in motion, which has remained over a period of several months. She is not completely relieved but remarkably benefitted considering age and weight.

Case IX. A heavy-set gentleman who looked the picture of health and a lover of the "flesh pots," complained of recurrent gout in both great toes. This man had been for several years in a country where highly seasoned foods predominate. He had been warned against alcohol and red meats as the probable source of his gout. There were no tophi. Allergic tests showed that he was strongly sensitive to condiments—mustard, paprika, red and black peppers and sage. He was also four plus to chicken, clams, oysters, lobster and shrimp. He was not sensitive to any of the red meats.

It was joyous news to this man that he could again have his beef and beer, though the abstinence from highly seasoned foods was a real deprivation. However, when he found that by leaving them off he could get his shoes on, he no longer argued the point.

Case X. A young man, aged 36, with a general progressing scleroderma had had bacteria as the sole causative agent preached to him at a prominent clinic. He was treated with typhoid protein therapy without checking the onward progress of the disease. No focus of infection could be found.

He was found insensitive to bacteria but sensitive to a number of foods and emanations. He received absolutely no treatment other than the Hot Springs baths and a diet according with his sensitivity. At the end of the first week after this correction it was noted that there was no further progression, the first check in nine months. After the third week adrenalin was administered; intramuscularly at first, later by mouth. There has been a slow recession of the board-like areas for the past three months. This patient is still under observation.

Case XII. This case exempliifes the error of omission rather than commission. He came to me with a letter outlining his blood count, microscopic and chemical urinalysis, gastric analysis, blood sugar determination, urea nitrogen, uric acid content, blood serum calcium, basal metabolic rate, Wasserman tests of blood serum and spinal fluid, X-ray of gall bladder after dye, stomach and duodenal findings, X-ray of spine and other articulations.

This man has an arthritis of the lumbar spine, but the symptoms that annoy him and prevent him from attending to his business are referable to his abdominal tract, and directly related to the intake of food. His lips, hands and feet swell without apparent reason. He becomes extremely nervous, fidgety, and the more he fidgets the more he smokes.

No allergic tests had even been considered for this man during a very intensive study of his case. Yet he is sensitive to a long list of foods and is one of the few who is quite sensitive to tobacco.

In conclusion I think that you and I might profitably resolve that we will never send another patient to the operating table suffering with recurrent appendix attacks, peptic ulcer, gall bladder disease, renal colic or sinus trouble without first knowing that patient's allergic reaction.

I think we might go further and resolve to give all those rheumatic cases, especially those of hydrarthrosis which have had teeth, tonsils, gall bladder, cervix and other extirpations without relief from their rheumatic pains, the benefit of the doubt and test them for allergy.

Allergy is the mask worn at Diseases' Fancy Dress Ball. If you would know the guest, remove the mask.

DISCUSSION

ALAN G. CAZORT, Little Rock: I am glad to see this paper come from an internist. The chief interest in the paper to me lies in the wide variety of symptoms which it has covered. As Dr. Wootton is a man of wide experience, we can not say that here is just another allergist taking his exercise by jumping at conclusions. As soon as we can cease to think of an allergic individual as a case of hay fever or asthma, and think of him as a person who may have symptoms which we might expect to find from a swelling of the tissues of the body, particularly the epithelial tissues, we will then be in a better position to weigh the allergic factors in terms of the patient's complaints. The allergic reaction is a swelling. It may be anything from a slight weal on the skin to the involvement of whole systems. If it is in the skin, we call it urticaria; if in the nose, we call it hay fever; if in the bronchial tract, we call it asthma; if in the intestinal tract, we call it, "What have you?" Now, the severity of the symptoms may also, of course, be in any degree, and it is not at all unreasonable to me to see a wide variety of symptoms due to allergy or a lot of things the doctor mentioned which I haven't run into, at least, as primary complaints. I was interested in talking to him about this thing not very long ago. I just want to say that if the symptoms that the patient has could be due to swelling; if no other cause for the symptoms can be found, particularly if there is a suggestive family or personal history; then I think allergy is, at least, to be considered.

I envy Dr. Wootton's location at Hot Springs, where he can have a wide variety of chronic, incurable idiopathic diseases to study, and I hope this paper will stimulate further interest in that class of diseases because they are most interesting.

D. W. GOLDSTEIN, Fort Smith: Dr. Wootton touched on some of the points in my specialty, which is that of dermatology. Dr. Wootton's paper was well presented, and his cases were worked up. I wish to call attention to the thought of allergy in dermatology. First, you should take a complete history and often the history will

lead you to suspect an allergic condition, if present. But, first of all, you should make your dermatological diagnosis before you put a patient through a series of allergic tests.

I was very glad to have the doctor bring out the thought of a neurological disturbance in one case of his which, I think, was an angioneurotic edema, where he made his allergic tests and found positive signs. As to these angioneurotic edema cases, they come to you the next morning after extreme swelling during the night and tell you that they had fish, strawberries or something of the kind for dinner. They have diagnosed their case before consulting you. These chronic cases of angioneurotic edema are a source of trouble to all of us. After you go through with your food tests, you frequently fail to reach a conclusion.

I wish to call your attention to one cause that will help you to clear up your cases, and that is neurovascular instability. There may be something in the home life of the individual which causes this flare-up and edema of the skin. Another cause is chronic infection of the gall bladder, often cleared up by a gall bladder drainage.

DR. A. S. BUCHANAN, Prescott, Arkansas: Dr. Wootton's paper impressed me very much in that the subject, as presented, touched so many specialties in medicine. Even surgery came along for its share of errors in diagnosis. Dr. Cazort mentioned the different types, locations and causes for allergic conditions, which may effect the patient and there were so many of these that I am wondering if some of our mistaken diagnosis are not due to allergy, even in our surgical cases. In this connection, and to substantiate Dr. Wootton's contention that allergy plays an important role, I should like to mention one case.

A young married man of thirty came to me complaining of a transient eruption of the skin of the right side of the face. He was a traveling man and was away from home about half of the time. The condition would clear up when away from home but upon his return it would recur. After exhausting all my efforts and after he had consulted several of the best dermatologists of the state, we discovered that the cause of his trouble was hair dye used by his wife. Since she discontinued the use of this cosmetic the man has had no return of his face eruption.

Dr. Wootton's paper was very instructive and I am glad to have had the opportunity of hearing it.

DR. WOOTTON, in response: Gentlemen, I merely want to plead guilty to having picked out the most successful cases I could find on my case records. Do not believe that you are going to make a few scratches and have a relieved patient, because some of them are certainly going to be problems. And, although you may find them sensitive to certain articles of food, it isn't always a simple matter of cutting out a few articles here and there and curing the patient. It is a hard struggle, especially in the chronic cases.

CHILDHOOD TUBERCULOSIS*

A. A. BLAIR, M. D., F. A. C. P.
Fort Smith

In order to make a practical attack upon the dissemination of tuberculosis, we should start in early life to protect our youngsters from the ravages of this disease by applying our knowledge of certain facts pertaining to its control.

From what we know about childhood tuberculosis, the "contact child's" health is always endangered. The incidence of infection among infants varies with the opportunities for exposure. Myers (1) states that among groups with no known exposure as few as one or two per cent are found to be infected, but among groups with known histories of exposure, as many as fifty to seventy-five per cent may become infected. If the exposure continues, even one hundred per cent may be infected.

We speak of childhood tuberculosis as a disease resulting from first infection in the lung from the tubercle bacillus, regardless of age in life when it develops. When the tubercle bacillus finds lodgement in the lung parenchyma, an area of inflammation is set up, and soon the tracheo-bronchial lymph nodes are involved. The child's ability to cope with this infection determines largely what happens at this stage. Healing may readily take place, caseation and calcium deposit may shortly be found, entirely taking in this area of infection. If the child's environment is poor and continued exposure is permitted, the outcome may be disastrous. The graphic view of tuberculosis mortality by age shows two peaks; one for those under five, the other after age ten. Chadwick's (2) figures show the children under five a death rate of 32.9 per cent; from five to nine it drops to 10.2 per cent; from ten to fourteen 16.1 per cent; from fifteen to nineteen it rises to 71.8 per cent. It seems during the second five-year period of life the child develops some immunity which enables him to resist tuberculous infection to a considerable extent.

The immediate problem of supervision

*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

is the severity and length of infection to which any infants in the household may have been exposed. There is evidence that even young infants may recover from lesions resulting from transitory severe exposure, or slight exposure lasting several weeks. But in all cases, whether the lesion is large or small, even it be in the lung or lymph nodes, there is grave danger of a metastasis or dissemination of this infection to other important structures of the body, particularly the meninges. Precaution should be taken to prevent re-infection or additional infection to what may exist, and to keep the infant in the best possible living conditions, preferably in the mother's care, provided she is not the source of its infection and has the time, means and inclination to care properly for it.

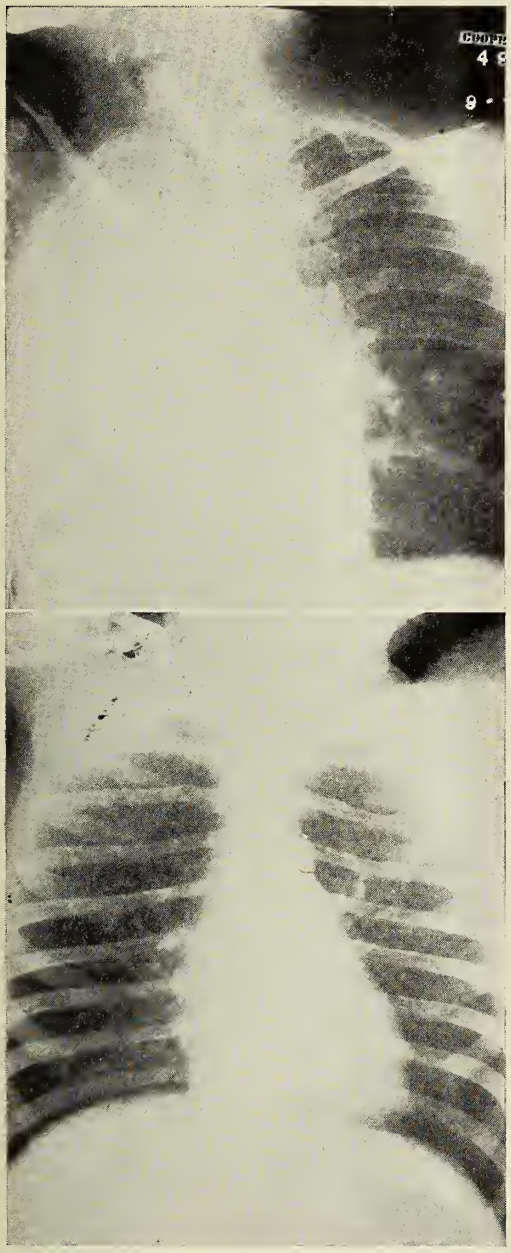

Fig. 1 (upper)—E. D. Lung abscess, post-tonsillectomy, with gangrene and rupture into the left pleural cavity, superimposed upon an old calcified childhood tuberculosis. Two plus positive Mantoux, C dilution.

Fig. 2 (lower)—E. J. E. female, age 10. Mantoux Dilution B, 3 plus positive. Calcifications of a previous right tracheo-bronchial childhood tuberculosis, with signs of calcification in similar areas on the left.

Inasmuch as tuberculosis is largely a contact infection, every child in a household where a case exists should be rigidly examined for the presence of this disease and thus break contact at the earliest possible moment. There unquestionably exist many, many cases of active tuberculosis among school children, and scarcely little is being done about it, except in a few instances over widely scattered areas. I believe the state of Massachusetts has led the country in the investigation of tuberculosis in school children, and while much of our attention is centered upon the prevention and control of diphtheria, typhoid, scarlet fever, measles, etc., in the schools, our health authorities are giving little consideration to the detection and isolation of tuberculosis among children of school age. This is not an open criticism of health agencies, as it requires much time, equipment and expense to carry out a program of this kind, and many city and county health departments are barely existing on account of funds. I certainly want to urge you to assist the State Tuberculosis Association in every way possible to further this work in every rural and city school of the state. I dare say the average physician is not especially aroused to the tremendous prevalence of juvenile tuberculosis and necessity for its early recognition as a health measure.

The diagnosis of tuberculosis in children is seldom an easy matter. When symptoms are present in childhood they are of great importance. The first symptom may consist of slight fever, loss in weight, loss of energy and play spirit. One must never be misled by absence of symptoms. Frequently contact children are taken to a physician, and on account of absence of symptoms, and physical find-

ings, the parents are told that tuberculosis does not exist. It has been repeatedly found and proven most conclusively that a child without a suggestion of a symptom may have an active tuberculous process of a progressive type.

In the search for tuberculosis in children the history of contact is the first procedure, though we should not be misled on account of not being able to obtain a positive history of contact, because many cases of tuberculosis in family adults have not been recognized and reported. So a child whose health status appears below par with no ascertainable cause found, should be regarded with suspicion. The second method of procedure in diagnosis is the tuberculin test, either the Pirquet or Mantoux. My use of the intracutaneous method of Mantoux in the past six years has led me to believe strongly in its accuracy and hypersensitiveness, and I prefer it as a method of choice. This test simply consists in the use of old tuberculin in dilution with normal saline in such proportions that dilution "A" contains 1 mgm. of tuberculin in .1 cc., dilution "B" .1 mgm. of tuberculin in .1 cc, and dilution "C" .01 mgm. in .1 cc. Twenty-five per cent phenol should be added as a preservative and these solutions should be made up fresh every ten days to two weeks.

The flexor surface of the forearm is selected, cleansed with alcohol, and a tuberculin syringe and a 26 guage needle is used. .1 cc. of dilution "C" is used. Injection should be made intracutaneously and when finished should leave a blanched out elevated wheal. If no reaction appears in the way of an area of redness and edema in twenty-four to ninety-six hours, the test is repeated, using .1 cc. dilution "B". If no reaction occurs in twenty-four to ninety-six hours, the test is again repeated, using .1 cc. dilution "A". The interpretation of this means that if positive test is not obtained with either of the above dilutions, one may conclude that the child is not infected at that time. When a positive reaction does occur, it usually appears within twenty-four to forty-eight hours and consists of a deep red nodule, varying in size from one-half to one inch in diameter, with a surrounding halo of pinkness. This indicates the existence of tuberculosis. If a strong result is obtained, either a recent or active tuberculous infection is determined.

Radiographic method: Radiography is one of the most useful methods of diagnosis at our disposal, and every child showing a positive tuberculin test should be X-rayed. A negative radiograph, however, should not refute a diagnosis otherwise established. The lesions small in the parenchyma or hilum may cast no shadow on the film. Repeated check-up with the X-ray on the positive reactor is, I believe, imperative. The hilum alone or tracheobronchial nodes may show evidence of disease, the initial lesion being in some remote part of the body. If in the lung it may be obscured by the ribs, diaphragm or heart, and for this reason be difficult to detect. The tracheo-bronchial glands enlarged cannot always be demonstrated radiographically because of their position in the mediastinum where they are masked by the heart and large blood vessels. Again the interpretation of a chest film for tuberculosis in children should be left to those particularly skilled in radiographic diagnosis of juvenile tuberculosis. The thorough physical examination should always be conducted, even though it is frequently disappointing. Extensive involvement may give physical signs of an ordinary pneumonia. Smaller areas may give indefinite rales, with slight abnormal changes of breath sounds in the bases. If the tracheo-bronchial nodes are extensively enlarged, interscapular dullness may be elicited.

Laboratory methods consist in the ex-

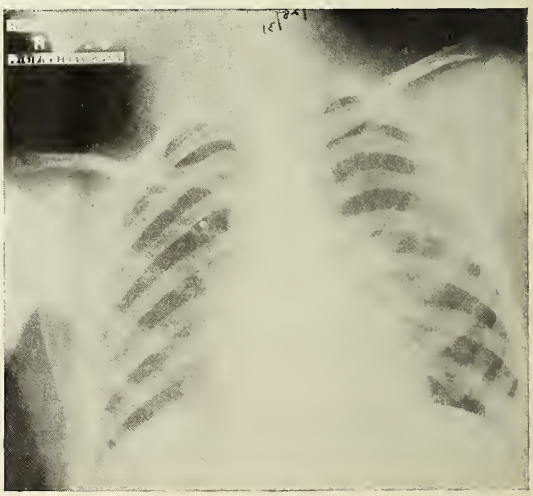

Fig. 3—F. S., male, age 7. Mantoux test 4 plus positive. Marked bilateral tracheo-bronchial and hilar childhood tuberculosis with parenchymal extension.

amination of feces. If acid fast organisms are found, guinea pig inoculations should be done. Aspiration of stomach contents to examine for tubercle bacilli is a worthy procedure.

Finally the diagnosis rests upon the history, laboratory, tuberculin test and X-ray. If the tuberculin test is positive and the X-ray shows positive findings, one is justified in making a diagnosis of childhood tuberculosis in the absence of any other evidence.

Thus we have a practical and reliable procedure for the diagnosis of tuberculosis in children. It should be carried out in all our schools and public institutions, particularly among children whose history of contact can be ascertained by the school nurse. We have done this on a part of our children in the Fort Smith schools and have shown some thirty-nine per cent recoveries on purely contact cases, a subsequent report of which we hope to give you later.

100 South 13th Street.

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DISCUSSION

J. D. RILEY, Booneville: I enjoyed Dr. Blair's paper. I think it is a very timely one, one which is very important to the Society. There is not a thing more important than the diagnosis of childhood tuberculosis. The diagnosis of childhood tuberculosis, as he said in his brief manner, and yet he covered the field, depends upon the history of contact and the tuberculin test, followed by an X-ray examination. The interpretation of the X-ray pictures in childhood tuberculosis is a very difficult matter. The picture most likely to be shown to you as childhood tuberculosis is one in which you can easily see it, where the child has to a great extent already passed through the stage of healing tuberculosis. Therefore, it behooves one trying to interpret an X-ray picture of childhood tuberculosis to look for the early Kahn tubercle which is not easily seen, which is not clearly outlined, which carries you almost to a negative X-ray picture; for it is then that your tuberculosis is beginning, it is then that it is active, and it is then that the child needs treatment for tuberculosis, more so than after calcification has taken place which indicates that there is quite a bit of healing.

I think his paper was very comprehensive and to the point and I think it one of the things that should be given consideration by the physicians of Arkansas. Future generations will see many people suffering from this disease because childhood tuberculosis is not diagnosed.

THE RELATIONSHIP OF ALLERGY TO OTOLARYNGOLOGY

JOHN SHEA

Discussion by L. H. Lanier, Texarkana

I want to say that this paper was brought to us by a master in this work. I am very much interested in Dr. Shea mentioning migraine and its relationship to allergy, in view of the fact that I recently had a case that had responded nicely to treatment after finding what that patient was sensitive to and eliminating that by desensitization through diet. Before I moved to Texarkana I had a case of angioneurotic edema, the first case in which I ever received a one thousand dollar fee. Of course, I won't forget that. This gentleman had taken his wife to Dr. Sutton in Kansas City and to various specialists in Boston and New York, and they all had a habit of charging him a thousand dollar fee. None of them had been successful in curing her angioneurotic edema. I found through talking with her daughter that this lady was accustomed to dyeing her hair every few days. I found that she was using a walnut hair dye, a Rexall hair dye, and that is what she was sensitive to. I had her stop it and cured her angioneurotic edema, and this gentleman made good and gave me one thousand dollars.

In hay fever, my experience has shown that specific therapy should not be undertaken in the presence of pathologic conditions in the nose or accessory sinuses. It has not been proven that the removal of polyps or similar operations has cured hay fever patients, but it has been proven that such operations may be necessary if subsequent therapy is to be successful.

It is safe to say that the method of treating hay fever patients by early prophylactic injections of the indicated pollen extracts, combined with late and intensive injections of autogenous bacterial vaccines, offers the greatest therapeutic promise of any method so far advanced in the treatment of this disease. Pollen extracts alone and bacterial vaccines alone, while beneficial, do not seem to relieve so many patients as does the combined therapy.

It is well to remember that injections one year do not prevent attacks the suc-

ceeding year, but, in patients receiving treatment continued from year to year, there is a definite tendency for the hay fever symptoms to become progressively less severe.

I was greatly interested in Dr. Shea mentioning the nasal reflexes in their relationship to asthma, and I hope that he will dilate on that a little bit in his closing remarks.

Editorial Note—Through an oversight, the above discussion by Dr. Lanier was not published with Dr. Shea's paper in the September issue of *The Journal.* This is regretted and in justice to Dr. Lanier, his discussion is printed here with the apology of *The Journal.*

The first International Assembly of the Inter-State Postgraduate Medical Association of North America to be held east of the Alleghenies is to take place in the public auditorium of Philadelphia, Pennsylvania, November 5th, 6th, 7th, 8th and 9th, 1934, with pre-Assembly clinics on November 3rd, and post-Assembly clinics on November 10th in the Philadelphia Hospitals.

The Inter-State Postgraduate Medical Association was organized at Freeport, Illinois, September 26th, in 1916, primarily as a three-state organization (Illinois, Iowa and Wisconsin). Its rapid development as a postgraduate institution soon gave the organization a national and international reputation and it was found advisable for the best interest of the medical profession not to confine the membership to that of the three states, but to extend it and the work of the organization to that of the surrounding states and finally to that of the entire United States and Canada, and through its foreign department, different countries of the world.

The organization is purely a postgraduate medical association. It exercises no political nor legislative duties. It's object is to give to the medical profession the very latest and best there is to be had in medical science in the most practical and beneficial manner, therefore, it is the aim of the international assemblies to present to the profession the approved advancements of medical science and research, not unmindful of the practical side of medical study. To this end diagnostic clinics, orations, symposia and discussions are offered by the leading teachers and clinicians, most of whom are members of faculties or connected with the outstanding medical universities.

In the words of Dr. William J. Mayo, "The Inter-State Postgraduate Assembly is composed of the rank and file of the medical profession who are in good standing in their state or provincial societies. It's members are practitioners who come in direct contact with the people, and what they learn therefore has immediate application."

Through the combined efforts of the medical profession of Philadelphia, which is noted for it's high medical standing and great institutions of medical education, a stage is being set for a most wonderful medical assembly, which is bound to contribute a great deal of valuable scientific and clinical knowledge to the medical profession of North America. The program has been carefully arranged to meet the demands of the general practitioner, as well as the specialist. Extreme care has been given in the selection of the contributors and the subjects of their contributions.

The Philadelphia County Medical Society will be host to the assembly and has arranged an excellent list of committees that will function throughout the assembly. A most hearty invitation is extended to all members of the profession who are in good standing in their state or provincial societies, to be present and enjoy the hospitality of Philadelphia, "The City of Brotherly Love."

The aggressive and up-to-date Convention Bureau of Philadelphia is co-operating in every way.

Correspondence

Elkins, Ark., September 4, 1934.

Editor, Journal of the Arkansas Medical Society,
Dear Doctor:

I am quite interested in the article on page 66, of the September number of the Journal, "The Therapy of Malaria."

I came from Wisconsin to Arkansas some four years ago and was nonplussed with my first case of malaria. Malaria is rarely found in the northern states, and I had never seen a case before. And as the disease refused to respond to the quinine treatment I was about to declare myself mistaken in the diagnosis.

I discussed my case with the local durggist, W. O. Bedingfield, who said that he had a prescription left to him by the late Dr. Charles Swift, that worked miracles with malaria. Dr. Swift had obtained the prescription from a physician in Louisiana who practiced medicine among the bayous, marshes, bogs and other low water areas along the Mississippi river. The name of the Louisiana physician I could not learn, but here is his prescription:

℞ Quinine Bisulphatis dr. ii
Tr. Ferri Chloridi dr. v
Tr. Iodidi q. s. oz. i
Misce.
Sig. Fill a 00 capsule and take after each meal.

Care must be taken in compounding the mixture as a CLEAR solution is imperative.

Needless to say my malaria case cleared immediately and I have used no other remedy with the numerous cases I have attended since.

As the ads say: "After one trial you will use no other."

Fraternally,

H. B. WENTZ, M. D.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council.

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

EDITORIALS

At the present time there are 1,002 physicians in good standing in the Arkansas Medical Society, a figure which compares favorably with the 880 of 1933; the 954 of 1932, and the 1,013 of 1931, but which appears discouraging when the 1,151 members of an early depression year, 1930, are considered. It would appear that reduction of dues is not *per se* sufficient inducement for the enrollment of all eligible physicians and that there are other factors involved in this loss of membership. There are as yet some thirty or forty physicians, members in 1933, whose 1934 dues have not been paid. Efforts in the state secretary's office to secure these dues have been unsuccessful and it would appear that the reinstatement of these members will of necessity be accomplished by time and effort on the part of their respective county society colleagues. It is to be hoped that such activity will result in order that as large a roster as possible may be published in the November issue of *The Journal.*

It must not be overlooked that dues from the present membership of 1,000 produces a revenue equal to that from but 600 members paying the constitutional assessment. A careful study of the roster leads to the impression that with the dues at the old level far more than this meager number would even now be in good standing, thus increasing the income of the society by forty per cent. The pressure of economic changes, in effect and proposed, requires active and unified opposition from all physicians and similarly increases the expenditures for the operation of the Society. It is felt that a return to the dues formerly in effect will be of definite advantage to the society, decreasing the present membership in but slight degree, while affording much more adequate funds for operation.

We are gratified with hearing from detail men, manufacturers and advertisers that members of the Arkansas Medical Society are expressing their preference for *Journal*-advertised products. Such good news has reached us from several sources lately. The influence of this support of our advertisers is far-reaching; loyal advertisers of years are induced to continue a profitable investment in space; new advertisers are added, and contacts are af-

forded for the successful solicitation of new accounts. If each member would confine his patronage to advertised products, other things being equal, maintenance of our advertising pages would be a simple task. Advertising is the means whereby this *Journal* is published; your hearty co-operation with these firms makes for a better, larger *Journal*. A comparison of the September, 1933, and September, 1934, issues is of interest. Thirteen pages of commercial advertising were carried in 1933; 17 in 1934. This gain of four pages, despite some losses, is most encouraging and accounts for a revenue gain of 33 1-3 per cent for the month. Other new advertisers appear with this issue. We are asking that you review the advertising pages, familiarize yourself with the products and services offered, and support our friends by word of mouth and patronage. An improved Journal will justify your action.

Resolution

WHEREAS, Doctor J. Vance Ferguson was called by death at Rochester, Minnesota on the 8th day of July, 1934, after a long illness, and

WHEREAS, in the death of Doctor Ferguson, Union County and the State of Arkansas lost one of its most able and distinguished physicians and surgeons, and

WHEREAS, in the death of Doctor Ferguson, Union County lost one of its most able and respected citizens, and

WHEREAS, in the death of Doctor Ferguson, this Society has lost one of its most useful and beloved brothers,

NOW, THEREFORE, BE IT RESOLVED, that this Society manifests its regret of the loss of Doctor Ferguson by entering this resolution upon the minutes of this meeting, and that it expresses its sympathy to the surviving members of his family by sending a copy of this resolution to his father and mother.

UNION COUNTY MEDICAL SOCIETY,
L. A. PURIFOY, *President.*
F. L. IRBY, *Secretary.*

Resolutions Committee:
F. O. MAHONY, *Chairman.*
D. E. WHITE.
DAVID LEVINE.

PAYMENTS BY ERA FOR MEDICAL SERVICES TO PERSONS ON RELIEF ROLLS

At a conference of the Advisory Committee from the Arkansas Medical Society to the Emergency Relief Administration with the Administration on September 13th, the following suggestions were adopted in an effort to create a co-operative and effective medical program:

It is suggested that a Governing Board be created in each county to serve with the County Administrator and Case Work Supervisor. Members of this committee are to be selected from organized medical societies. A report of cases and bills will be presented to this committee for approval or rejection. If a physician should indulge in irregular and unfair practices, he will be automatically dropped from the list of licensed competent physicians eligible for calls.

Case Work Supervisors will not make authorization for visits to a case of chronic illness for more than a period of two months, allowing one visit per week to the client. Acute illness will have authorization for not more than six visits. (If additional visits are required, special authorization in writing must be given through the Case Work Supervisor and the County Administrator.) Physicians not living in the city or town where headquarters of the Case Work Department is established may make calls in emergencies and request the authorization slips after the visit has been made. These requests will be honored only when clients are on relief rolls.

It is suggested that the Emergency Relief Administration solicit the co-operation of the State Board of Health in securing the services of the full-time and part-time County Health Officers and the assistance of the County Health and Emergency Relief Nurses in administering antirabic, smallpox, diphtheria and typhoid serums and vaccines, the local Relief Administration furnishing the necessary biologicals.

It is further suggested that the physicians co-operate in every way possible in attempting to control the expenditure of funds for medications and medical supplies. If a case requires castor oil, quinine, aspirin, or other common remedy, it is requested that a note signed by the physician be given the Case Work Supervisor who will then issue order for the medication from the Commissary. This will avert excessive expenditure incident to prescription filling of the more commonly used drugs, conservation of limited available funds being necessary.

It is the desire of the Emergency Relief Administration that reputable physicians throughout the state co-operate energetically and enthusiastically in the effort to provide medical service to needy clients. Adequate funds are not available to compensate physicians for full service. It is not within the meaning of this intention to pauperize clients by deviation from fees customarily charged, nor should publicity be given to

the adopted schedule of fees. Every precaution to avoid any misunderstanding between physicians and patients will be taken. The Emergency Relief Administration is only attempting to partially repay physicians of the state for services which they have been furnishing without fee of any kind.

The following fee schedule was placed in effect by the relief administration on September 14th:

Office Visits	$ 1.00
Home Visits, day time, city limits	1.50
Home Visits, city limits (6 p. m. to 8 a. m.) (Authorized in emergencies only.)	3.00
Country calls, the same fee as town calls, plus a mileage allowance of twenty-five cents per mile, one way, with a limit of ten miles. For additional mileage the physician must have special authorization from county administrator and case work supervisor.	
General Anesthetic	5.00
X-ray Examination (emergencies only) One Exposure, $2.00; two exposures	5.00
Obstetrical Cases (Including at least 6 pre-natal examinations and 3 post-natal visits.)	20.00
Major Surgery (To include major fractures, as femur, pelvis, spine, humerus, etc.)	35.00
Minor Surgery $5.00- (Such minor surgery as abscesses, suture of small lacerations, etc. $5.00.) (Tonsillectomy, removal of cyst, fractures of small bones of hands and feet, etc., $10.00.)	10.00
Fracture of the forearm	15.00
Laboratory (blood smear, urinalysis, etc.) (Additional and necessary laboratory work may be authorized at a fee of one-half the usual rate.)	1.00

A flat charge of fifty cents will apply for each additional person attended in the home in addition to the regular fee allowed for the call.

The Committee from the Society feels that this arrangement is a definite gain and feels that the interests of the members have been protected in its adoption. Attention is directed to certain phases of the agreement for emphasis:

1. The fee schedule is tentative and is subject to revision by either the Relief Administration or the Committee.

2. It is definitely understood that the fees represent a major reduction from those usually charged throughout the state and are so accepted by physicians as a contribution to the relief program for the needy. The schedule is tentatively adopted for the period of pending rehabilitation of those persons on relief rolls and with completion of such rehabilitation, is obviously not in effect.

3. No publicity should be given these particular fees. The Relief Administration will co-operate in this by not advising the patient of the fee which is being paid for his medical attention. Physicians are urged not to discuss the fee with the patient.

4. Particular attention is directed to the fact that the relief administration will pay these fees only for medical attention to persons on relief rolls. Numbers of people in the state unable to pay for medical services are not on the relief rolls and hence payment for medical services to these will not be made by the relief administration. The authorization as furnished by the Case Work Supervisor is the physicians' guide in furnishing services under this plan. Attention rendered in the absence of an authoriaztion will infrequently be found to be service from which no payment will be received from the Relief Administration.

5. The rendering of medical services under this plan is a matter of individual decision with the physicians of Arkansas and is in no sense obligatory.

6. The Advisory Committee from the Arkansas Medical Society bespeaks the cordial co-operation of the members in carrying out the provisions of this agreement.

Coming Medical Meetings

Kansas City Southwest Clinical Society, Kansas City, October 1st to 4th.

Second Councilor District Medical Society, Batesville, October 8th.

Leo N. Levi Memorial Hospital Clinical Conference, Hot Springs National Park, October 11th.

Fifth Councilor District Medical Society, Camden, October 11th.

American College of Surgeons, Boston, October 15th to 19th.

Oklahoma City Clinical Society, Oklahoma City, October 29th to November 1st.

Inter-State Post Graduate Medical Association of North America, Philadelphia, November 5th to 9th.

Southern Medical Association, San Antonio, November 13th to 16th.

Radiological Society of North America, Memphis, December 3rd to 7th.

Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.

Proceedings of Societies

The Conway-Pope-Yell County Medical Society met at Russellville in dinner session on August 9th. Speakers on the scientific program were: L. Gardner, Russellville, "The Chronic Discharging Ear," and Walter Cale, Atkins, "Blood Stream Infection."

The Tri-County Clinical Society met at Hope on August 30th for the following program:

Malignancy of the Oral Cavity—G. F. Jackson, Little Rock.

Renal and Ureteral Calculi—G. G. Garrett, Shreveport.

Infections of the Kidney — Wm. Hibbitts, Texarkana.

Marginal Anesthesia—W. P. Lambert, Shreveport.

C. K. TOWNSEND, *Secretary.*

The Sebastian County Medical Society met in dinner session September 11th with the Muskogee (Oklahoma) County Medical Society as guests. The following program was presented by guest speakers:

Dehydration—F. W. Ewing.

Diagnosis and Treatment of Extrauterine Pregnancy—I. B. Oldham.

Vesical Neck Resection—E. H. Fite.

J. W. AMIS, *Secretary.*

The staffs of the Leo N. Levi Memorial Hospital and the Charles Steinberg Clinic will hold their fourth Clinical Conference on Thursday, October 11.

Guest speakers will be Dr. George R. Livermore, Professor of Urology, University of Tennessee and immediate past president of the American Urological Association; and Colonel W. B. Meister, Chief of the Medical Service, Army and Navy General Hospital, Hot Springs National Park.

The conference, as conducted last year, will consist of lectures, demonstrations, and clinics on medical and surgical subjects, the material of which will be so selected as to be of especial interest to the general practitioner. Members of the staffs will present cases and clinical reports, instead of reading papers. The lectures and demonstrations will be concise, and exactly to the point.

The conference will begin promptly at nine o'clock on Thursday, October 11 and will close Thursday evening with an informal dinner at the Arlington Hotel, at which time Dr. Livermore will present his subject.

No registration fee will be charged.

Twenty-five members of the faculty of the University of Tennessee Medical School were guests of honor at a barbecue given by the Mississippi County Medical Society at Blytheville, September 14. The reunion was attended by approximately 150 physicians, many of whom were former students at the school. The following program was presented:

Reminiscences of the University During the Past 40 Years—B. F. Turner.

The Importance of Alumni Associations —O. W. Hyman.

Connections Between the Old and the New Universities—J. B. McElroy.

Memorial to W. B. Rogers—Battle Malone.

Pleasant Associations With the Teaching Staff—J. A. Crisler.

Tribute to Deceased Faculty Members —J. L. Andrews.

Old and New Methods of Teaching Anatomy—E. E. Francis.

Practical Jokes on Myself—E. M. Holder.

F. D. SMITH, *Secretary.*

Personal and News Items

Dr. E. F. Ellis, Fayetteville, entertained at an unique birthday celebration August 20th at his home. His guests were all physicians who have been in active practice for over fifty years; Drs. H. D. Wood, Fayetteville; E. G. McCormick, Prairie Grove; A. S. Gregg, Fayetteville; and W. J. Curry, Rogers.

Dewell Gann, Jr., has been appointed Contributing Editor to *The Mississippi Doctor.*

After 42 years of active practice in Little Rock, Dr. Francis Vinsonhaler retired on September first in order that he might devote his full time to his duties as Dean of the Medical School of the University of Arkansas. Dr. K. W. Cosgrove, his associate for seven years, will carry on the practice.

C. C. Bass, New Orleans, addressed the August meeting of the Washington County Medical Society.

E. D. McKnight, Brinkley, attended the meeting of the American Railway Surgeon's Association in Chicago during August and then spent a vacation in Alaska.

Martin C. Hawkins, Searcy, spent three weeks in post-graduate study at the Mayo Clinic during August.

Joe Rushton, formerly of Shreveport, has located in Magnolia and will be associated with the Magnolia Sanitarium.

"Seventy-Four Medical Facts Worth Knowing," by A. S. Buchanan, Prescott, appears in the August issue of *The Tri-State Medical Journal.*

M. F. Lautmann has returned to Hot Springs from a summer spent in the East. Dr. Lautmann appeared on the program of the American Congress of Physical Therapy September 10th discussing the paper of Drs. Kovacs of New York on "Newer Aspects of Iontophoresis in the Treatment of Arthritis and Circulatory Disturbances."

The following attended medical reserve officer camps during the summer training period: Alan A. Gilbert, Fayetteville; Sloan McKinney, Little Rock, and Charles H. Reagan, Marked Tree.

"Compression Fractures of Vertebral Bodies" by Val Parmley, appears in the September issue of *The American Journal of Surgery.*

J. T. Powell, Gravette, was host to the Benton County Medical Society at a banquet session August 16th.

J. H. Lamb, Paragould, addressed the Greene County Medical Society September 13th on "The Modern Methods of Treatment of Pneumonia."

Obituary

WILLIAM H. McKIE, aged 54, died at Wynne on August 31st. He was born at Vanndale June 13, 1880, and attended Hendrix College, the University of Arkansas and the University of Tennessee Medical School. He had practiced in Cross County for 30 years. He is survived by his wife, his father, Dr. J. D. McKie, of Wynne, a son and a daughter.

WILLIAM C. MOBLEY, Blue Mountain, died July 6th, 1934, at the age of 76. He was born January 15, 1858, in Tennessee but had lived in Arkansas for all but two years of his life. He graduated from the Missouri School of Medicine in 1886 and had practiced at Riley and Blue Mountain. He is survived by his wife, two daughters and eight sons, of whom two are physicians, Drs. H. E. Mobley, Morrilton, and A. L. Mobley, Albuquerque, N. M.

G. I. JACKSON, aged 58, died at Everton, September 13th. He had practiced in Boone County for 32 years, the last several years at Harrison. He is survived by his wife; two sons, Drs. Ulys Jackson and Lloyd Jackson, his associates in practice, and three daughters.

WOMAN'S AUXILIARY PAGE

MRS. WILLIAM HIBBITTS, Texarkana,
President, Woman's Auxiliary to the Arkansas Medical Society 1934-1935.

Mrs. William Hibbitts, Texarkana, tenth president of the Arkansas Medical Auxiliary was born in Texarkana. Before her marriage she was Katherine McCartney, and is a descendant of a long line of distinguished physicians. She attended the public schools in Texarkana, then went to Saint Mary's College, Dallas, where she graduated. After this Mrs. Hibbitts spent three years at the New England Conservatory, Boston, where she specialized in organ and piano.

Mrs. Hibbitts has served as president of the Bowie-Miller County Auxiliary and as parliamentarian and vice-president of the Arkansas Auxiliary. As the Texarkana Auxiliary works in both Texas and Arkansas she has served as vice-president of the Texas Auxiliary, and has twice been the president of the Northeast Texas Auxiliary.

Mrs. Hibbitts has many other interests, having served the Presbyterian church for many years as organist and choir director, is a member of the Junior League, the Garden Club, and is president of the Texarkana Community Council of Girl Scouts. For the past two years she has served the women's division of the Community Chest, and is vice-president of the Hotel McCartney Company. Her special interest is music and she is a member of the Arkansas Chapter of the American Guild of Organists. Each year she gives an organ recital in Texarkana.

Mrs. Hibbitts' husband, son and daughter are very much interested in all her activities and she says that it is only with their help and co-operation that she can accomplish so much.

Dear Auxiliary Members:

The long, hot summer days are behind us, and I hope that with the coming of cooler weather you will all have a renewed interest in your Auxiliary work. There is so much to be accomplished this year, and there are only seven months before our annual meeting.

This year we hope to stress public relations, physical examinations for every doctor's wife, and self-education.

I hope that each Auxiliary will have at least one public relations meeting this year in order that your community may have the opportunity to hear a well-informed speaker talk on some health subject. Everyone is interested in health for themselves and their community, and I am sure that the public will welcome such a meeting sponsored by your Auxiliary.

I do hope that each of you are keeping in contact with all local organizations who have health and educational programs. Be prepared and willing to assume leadership in such programs in order that they may be directed along the lines our doctors advocate.

In order that we may help others with their health problems, we must first be well informed ourselves. Read Hygeia and have programs prepared from some of the health pamphlets which the American Medical Association approves. Study about some of the various problems which are confronting the medical profession. Be prepared to uphold the ideals of your husband's profession!

While we are helping others, do not forget to help yourself. A physical examination will be of great benefit to you. Go at least half-way to meet your health problem, and you will be richly rewarded by knowing the true condition of your body.

I am ready and willing at all times to serve you. If you will only call on me, I shall do my best to help you with any Auxiliary problem.

MRS. WILLIAM HIBBITTS, *President.*

The Woman's Auxiliary to the Arkansas Medical Society mourns the death of Mrs. R. R. Kirkpatrick, our State Auxiliary Treasurer, which occurred in Texarkana on July 20th.

We have suffered the loss of a member whose rare ability and charming personality endeared her to every one who knew her.

Our heartfelt sympathy to her bereaved family and to the Bowie and Miller County Auxiliary.

Book Reviews

Surgery of a General Practice. By Arthur E. Hertzler, M. D., and Victor E. Chesky, M. D. With 472 illustrations. St. Louis. The C. V. Mosby Company. 1934. Price $10.00.

This book is based upon the last edition of the author's Minor Surgery published in 1930. Some chapters, as that on bandaging, have been curtailed to make room for needed additions, and the whole has been enriched with some 472 technically excellent illustrations. The plea is made for the return of the general practitioner as a means of warding off state medicine, by making available to him relatively simple procedures formerly associated with elaborate hospitalization, multiple assistants, and high cost of medical care.

The material is taken up under three parts, namely: special surgery, regional surgery and general surgical therapeutics. In each instance one method is presented which the authors have found to be practicable, together with a few simple diagnostic points making for the recognition of lesions in their beginnings rather than after becoming so extensive as to demand heroic procedures.

This book should make a special appeal to the interne and embryo practitioner of medicine, offering as it does a transition from the marble halls of theory to the stern realities of practical application. On the other hand, the wealth of information makes it an invaluable reference for the general practitioner as well as the surgeon. The authors' treatment of sciatica, for instance, should prove popular to those so frequently called upon to treat this *bete noir* of medicine.

Above all the work is written in the inimitable "Hertzlerian" style, making it very readable as well as enjoyable.—F. H. K.

Materia Medica, Pharmacology and Therapeutics. By Walter A. Bastedo, M. D., Sc. D., F. A. C. P. Assistant Clinical Professor of Medicine, Columbia University. Consulting Physician, St. Luke's Hospital, New York, St. Vincent's Hospital, Staten Island and the Staten Island Hospital. President, United States Pharmacopeil Convention 1930-1940. Member of the Revision Committee U. S. Pharmacopeia. Pp. 739. Price $6.50. W. B. Saunders and Company, 1932.

This volume not only deals with the pharmocologic action of the various drugs in a most complete manner but also takes up their chemical structure and *mode* of action. Besides its completeness in discussing the qualities and actions of the various drugs, it also treats of the physiology of the body in its entirety and correlates this physiologic function with the pharmarological action of the drug thus giving the *why* of the use of the drug and not merely advising the use of the drug as is so often done.

In each section after the physiology of the part has been explained and discussed in detail, both from a normal and abnormal point of view, the action of the various drugs on this part is discussed and the dosage and indications for the use of the drug given. Supplementary treatment and alternatives are also treated at length.

This book is complete in its scope, logically and completely indexed. It should be a valuable addition to any medical library.—T. P. F.

Infant Nutrition. By W. McKim Marriott, M. D., Professor of Pediatrics, Washington University School of Medicine, Saint Louis. Pp. 350 with 50 illustrations. Price $5.50. Saint Louis: C. V. Mosby Company, 1933.

Here one finds a truly scientific discussion of infant feeding debunked of fadism and folklore. The author discusses just enough of physiology to cover known facts of digestion, leaving theories for the larger books. The modifying of cow's milk for the bottle fed normal baby, with the sugar additions are most plainly explained. The much needed emphasis of the longer time interval is well stated. The supposed marvelous advantages of special infant foods and individual "brands" are well handled and placed where they have long rightfully belonged. Special feedings for special diseases and the reasons therefor are clearly stated.

Both student and practitioner can here find, in a brief, concise and practical form just what he needs, without wading through a mass of theory and quotation, at the same time knowing full well that the decision reached is the result of the many and vast experiences of a great clinician and teacher.—S. J. W.

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CORONARY THROMBOSIS*

ROY I. MILLARD, M. D.
Dardanelle

Coronary Thrombosis is the term usually employed to designate occlusion of one or more branches of the coronary arteries. Embolism is rarely a factor, the usual condition being the formation of a thrombus at the site of an atheroma.

The disease is most commonly found in the fifth decade, males being more frequently affected, about nine to one. It was formerly believed that tobacco, alcohol, occupation, and social status were important factors in the production of coronary occlusion, but more recent observations indicate that the importance of these has been overestimated. However, arteriosclerosis is the principal predisposing factor. More or less coronary sclerosis may be present without marked generalized "hardening of the arteries," just as the renal vessels, or the cerebral, may be the seat of marked arteriosclerosis without demonstrable atheromata in the peripheral vessels. The precipitating causes of an attack may be undue physical or emotional strain or dietary indiscretion.

The pathology is that of coronary sclerosis and infarction in the area of heart muscle supplied by the occluded vessel. The infarcted area varies according to the size of the affected artery. There may be numerous small patches in which scar tissue has replaced the muscle or there may be large soft areas, an aneurysm, or even a rupture of the heart muscle. Contrary to former belief not all coronary arteries are terminal branches, hence some collateral circulation may soon be established, the extent of necrosis varying in inverse proportion to the amount of collateral circulation. There is an anatomical narrowing in the anterior branch of the left coronary artery, making this a common location for the formation of a thrombus. The area of softening assumes the form of a pyramid with the base toward the apex of the heart, and the greatest softening near the endocardium. A sterile fibrinous pericarditis is associated.

The onset of an attack of coronary occlusion is usually sudden. The patient is often a man between 50 and 60 who has always been active and in good health. He may give a history of some previous mild attacks of "indigestion," but he states that he has never had a pain like this. The attack may come on after a full meal or during sound sleep. The pain is severe and agonizing, and may be stabbing, burrowing, or gripping in character. It is often so severe that it is not relieved by one half-grain of morphine. It may be in the epigastrium, in the region of the heart, or deep beneath the sternum. It may be confined to one spot, or it may be referred to the right or left shoulder or both. There is a profound sense of apprehension and often a tingling sensation along the left arm and even in the fingers. Shock is pronounced and is manifested by great prostration, fall in blood pressure, and a cold, clammy skin. The patient appears desperately ill, is restless, tosses about and thinks he is going to die. The face is pinched and drawn, and there is a peculiar, ashy-gray appearance of the skin. Breathing is labored and often of the Cheyne-Stokes type, and there is cyanosis of the lips and fingers.

Examination at this time may not reveal enough cardiac signs to account for the desperate symptoms. The pulse may be slow, and, if seen early in the attack, the blood pressure may not have fallen as much as it will later. The heart sounds have a feeble far-away sound, and there may be a slight gallop rhythm. However,

*—Read before the Fifty-ninth annual session of the Arkansas Medical Society held at Little Rock April 16-18, 1934.

signs of myocardial infarcation and resulting insufficiency develop if the patient survives for 6 to 10 hours. There is fever 99 to 101 and leukocytosis between 10,000 and 20,000. The pulse becomes rapid and often irregular, and the blood pressure drops rapidly, sometimes to an alarming figure. Passive congestion is manifested by rales in the bases of the lungs, albuminuria, hepatic enlargement, and slight subcutaneous edema. At this time a slight to and fro pericardial friction rub may be heard, and is almost pathognomonic, although its absence does not mean that there is no occlusion. Gastrointestinal symptoms, nausea, vomiting, diarrhea, abdominal distention, are often prominent, and may mislead the physician or surgeon into a diagnosis of an acute upper abdominal surgical emergency.

Clinically the patient will fall into one of three groups. In the first group death is instantaneous or occurs in a few minutes or a few hours at most. It was formerly believed that all cases of coronary thrombosis were of this type. In the second group are found patients who survive the initial attack for several hours, days or weeks, and then die from ruptured cardiac aneurysm or myocardial insufficiency. In these cases the pain continues, the pulse is rapid, the blood pressure continues low, cyanosis increases, passive congestion becomes marked and the heart muscle fails to respond to digitalis or any other therapy. The third group comprises those cases who recover and are able to live restricted lives for variable periods of time.

Coronary thrombosis should be suspected in any man past 40 or 45 who has a sudden attack of pain in the chest or epigastrium, with a sense of constriction. Aids in diagnosis are severe pain, apprehension, dyspnea, shock, anxious facies, mild fever and leukocytosis, and a drop in blood pressure. The electro-cardiogram is of value in a doubtful case, as is the X-ray. Zadek has pointed out that in over 50 per cent of cases there is a characteristic bulging along the left ventricle in the roentgenogram. However, it should be borne in mind that, although these procedures may be of value in some doubtful cases, the majority of cases of coronary occlusion are acutely sick, and should be diagnosed and treated where they are found.

The clinician must differentiate angina pectoris, valvular heart disease, luetic aortitis, and acute abdominal accidents. In angina pectoris the pain comes on suddenly, but usually after effort, is of the same violent, agonizing type, and is associated with the same sense of impending disaster. However, there is no dyspnea and cyanosis, and the blood pressure often rises. The attack is usually relieved by rest and the nitrites, and increased effort may precipitate another attack. On the other hand, rest, the nitrites, and sometimes even morphine in large doses fail to relieve the patient with occlusion. Not infrequently attacks of thrombosis are preceded by several years of angina pectoris. The change is recognized by the fact that the attacks come on without effort, even while lying in bed, last longer, are accompanied by dyspnea and cyanosis and are not relieved by measures which usually relieve angina pectoris. Valvular heart disease and leutic aortitis often occur at a somewhat younger age, may give a rheumatic or leutic history, and do not produce the severe, agonizing pain so characteristic of occlusion. Physical examination will reveal these two conditions. Perforated gall bladder or peptic ulcer, gall stone colic, or acute pancreatitis may simulate coronary thrombosis, as any of these conditions may produce pain in the epigastrium or near the ensiform process, nausea, vomiting, upper abdominal rigidity, and collapse. The history should be minutely complete in regard to symptoms preceding any of these surgical emergencies, and may shed some light. Particular attention should be paid to a history of breathlessness or of shooting pains in the chest. The abdominal rigidity often found in coronary thrombosis may be differentiated from that associated with peritoneal irritation by the fact that in the latter the patient breathes only with the upper thoracic muscles, limiting motion of the lower part of the thorax as much as possible, while in the former condition the desperate need for oxygen calls into play every possible respiratory effort, and the excursions of the lower portion of the thorax are wide. A careful examination

of the bases of the lungs posteriorly will often reveal rales very early and thus point to thrombosis with accompanying myocardial damage.

The outlook for one who has been the victim of an attack of coronary thrombosis is very uncertain. This disease is common among physicians and this very uncertainty and dread is one of the most unpleasant features of the disease. He may recover from a severe attack only to succumb shortly to what at first appears to be a mild attack. He may live a restricted life for several years, and die from some other cause, or recover sufficiently to lead fairly active life for a number of years. The age of onset does not materially influence the outlook.

As soon as the patient is seen and the condition suspected he should receive one half-grain of morphine. This may be repeated in a half hour if necessary. This may be a life-saving procedure. Certainly it lessens the pain and to a certain extent allays the apprehension of the patient. It is also of great value in counteracting shock. The patient must be kept absolutely in bed under the care of a competent nurse. A lightly filled ice cap on the precordium may be comforting, but if the patient objects it should be removed. Everything possible should be done to keep the sufferer mentally and physically at rest. Small enemata are preferable to any laxative for the constipation that is likely to be present.

As soon as possible after the onset of an attack the patient should receive .12 grams of aminophyllin in 10 cc. of distilled water intravenously. Warnings have been issued against the use of this or any other vaso-dilator in the presence of low blood pressure. The writer has given .24 grams, carefully recording the pressure before, during, immediately after, and one hour after the administration, in a number of injections, with the pressure, in various patients, ranging from 90 to 160 systolic, and has not noted any appreciable fall in the pressure that could be attributed to the drug. On the other hand the patient immediately experiences a sensation of warmth, seems to feel relaxed, and is able to breathe more freely because the terrible sense of constriction in the chest is relieved. This drug is especially appreciated by those patients whose pain is not relieved by morphine, the cases of so-called status anginosus. Aminophyllin should be administered very slowly and the patient told that he will probably feel a flushing of the skin. The dose of .12 to .24 grams should be repeated every 4 to 12 hours, depending upon the response. It acts as a potent vaso-dilator on renal and coronary vessels, producing a needed diuresis, and perhaps improves the coronary circulation, thus relieving to a certain extent the myocardial anoxemia, which is thought to be a big factor in the production of pain.

This preparation may be given intramuscularly, .24 to .48 grams in 2 cc. of water, but its action is slower and it produces a great deal of local pain and soreness. It is also available in tablets and suppositories. Thus it may be used after the emergency has passed if there still seems to be some need of further vaso-dilation. However, it is in the emergency that this drug is of most value, and the continued exhibition of so potent a vaso-dilator is open to question.

Absolute rest in bed should be insisted upon for a variable length of time, depending upon the clinical condition. No hard and fast rule can be laid down in regard to the length of time in bed after the patient begins to feel relieved. Six weeks has often been mentioned, and probably no case should be up in less time, but some will require much longer. Activity should be resumed very cautiously, for the test of function will give more information in regard to the condition of the myocardium than any clinical or laboratory procedure.

As soon as possible the patient should be digitalized. This procedure is the best protection against the almost inevitable passive congestion. Some investigators have condemned the use of digitalis in the presence of coronary sclerosis, stating that it increases coronary constriction. However, O. Muller and his associates showed that this is a toxic effect of digitalis and that in physiologic doses it actually increases coronary circulation. This drug, in maintenance doses, should be continued until the damaged myocardium has re-

turned as nearly as possible to normal. The only actual contra-indications to its use are idiosyncrasy and those rare cases in which the lesion is so situated that a partial heart block is produced.

In cases of extreme ventricular tachycardia large doses of quinidine sulphate, .6 to one gram every 4 to 6 hours, may be life saving. During the administration of this drug the patient must be watched very carefully, although there is less danger in this type of case than in old fibrillating hearts.

In cases of extreme prostration "Symnatol," a derivative of adrenalin, more prolonged in action, and less toxic, is recommended by M. Hochrrein. Caffeine sodiobenzoate and the application of external heat are often indicated. The accompanying nausea is sometimes a very distressing symptom, not being relieved by vomiting. Gastric lavage is absolutely contra-indicated. Alcohol-sugar mixtures probably do more to relieve this condition than any other measure. These are best given as one ounce of equal parts of aromatic elixir and grain alcohol in cracked ice every hour until relieved. Harlow Brooks believes that our former position in regard to alcohol in some forms of heart disease was based on a misconception, and that instead of being harmful it may be of distinct benefit in coronary heart disease.

The well known danger of coronary attacks in the hypoglycemia sometimes associated with insulin administration has suggested the use of intravenous glucose, especially in the convalescent stage. This seems to improve the nourishment of the myocardium, and is best given in 10 to 20 cc. doses of the 50 per cent solution, repeating every few hours to two days according to the judgment of the clinician.

While considerable space has been devoted to drugs that are of value in the treatment of this distressing disease, it must be borne in mind that they do not form the most important part of the therapeutic regime. Absolute rest and quiet over a long period of time are essential. Pain and shock must be controlled by the use of morphine and external heat. After convalescence has been established the patient's diet and activities should be supervised. A soft, nourishing, easily digestible diet with plenty of carbohydrate is indicated. Work and play are to be regulated according to the efficiency of the myocardium. Prolonged periods of work, especially with mental concentration, nervous tension, and emotional upsets should be guarded against. Frequent vacations should be advised. Obesity should be controlled. Foci of infection should receive proper attention. If the patient is diabetic insulin should be administered very cautiously.

The man who has been the victim of an attack of coronary thrombosis should learn to avoid excesses in work, play, eating, nicotine, caffeine, and alcohol. If the individual has been an habitual user of tobacco, coffee or tea, and alcohol these should not be entirely excluded, but the patient should be taught the importance of moderation.

ABSTRACT

Exner, Max J. The Darkfield Diagnosis of Early Syphilis. Med. Times and Long Island Med. Jour., Aug. 1934, 62, 233-234.

Early diagnosis and treatment of syphilis offers the greatest chance for its arrest or cure in the shortest time and for preventing the development of any of the serious consequences of the disease. The blood test does not serve at a time when the diagnosis is of greatest advantage. The darkfield is the only certain method of diagnosis in the sero-negative stage, a method whose application has been greatly limited by the necessity of sending the patient to the laboratory for the examination.

Studies made by the Department of Health of Ontario have demonstrated the feasibility of transmitting to the laboratory by mail specimens suitable for darkfield examination and this service has now been available to the physicians of New York state for two years. The essential equipment consists of two or three capillary tubes for gathering and holding the fluid; a vial of half and half mixture of vaseline and beeswax or paraffin for sealing the ends of the tubes; a glass tube for holding the capillary tubes; and a mailing container. The method is to cleanse and dry the lesion, abrade its surface with a gauze sponge, and to collect the exuded serum in the capillary tubes, which are then sealed and mailed to the laboratory. While simple, the technic must be followed with exactness.

The extreme importance of diagnosis of syphilis in the early, or sero-negative stage, suggests the urgency of a wider adoption of this darkfield service.

ACUTE ENCEPHALOMYELITIS FOLLOWING VACCINATION AGAINST SMALL-POX: CASE REPORT WITH A REVIEW OF THE LITERATURE*

By Walter G. Klugh, M. D.
and
Leon E. King, M. D.
From the Department of Pediatrics,
The Leo N. Levi Memorial Hospital,
Hot Springs National Park, Ark.

With rare exceptions, nearly all reported cases of acute cerebro-spinal disease complicating anti-smallpox vaccinations have presented such clinical and pathological nervous manifestions as to lead observers to designate these complications by the term of acute encephalitis. Such terms as Menigo-encephalitis Syndrome, Myelitis, (Spinal Meningomyelitis) and Acute Disseminated Myelitis have also been used to designate the rarer forms of complications following anti-smallpox vaccinations. We chose the term Acute Encephalomyelitis as most suitable to express the various clinical nervous manifestations presented by the following case:

CASE REPORT

HISTORY: L. M., a white female child, aged 6 years, was admitted to the pediatric service of the hospital on February 3, 1933. She was vaccinated for the first time by the County Nurse on January 20, 1933. The usual accepted vaccination procedure was used. During the next eleven days the patient apparently did not show any signs of illness except that the reaction to vaccination was so severe that she complained of some soreness of her arm, and there was elevation of temperature. Prior to her present illness she had been quite well, except for an occasional light cold, and there was a history of the child having been exposed to dampness the day following vaccination. Her past history was essentially negative. On January 31, 1933, eleven days following vaccination, the patient became ill, vomited, and complained of aching in her back and legs. The temperature was then subnormal. The following day she developed pyrexia and the aching continued, involving her neck, back, and lower extremities. At this time there was some difficulty in micturition proceeding to retention. No paralysis had been noted by the parents previous to the child's admission to the hospital. There had been no convulsions, coma, or stupor at home.

FINDINGS: On admission the child had a rectal temperature of 102° F.; pulse 110; and respiration 26. The patient appeared acutely ill. She looked apathetic, somewhat prostrated, and rather indifferent to attention. Her face was flushed and intense perspiration was noted over her back. Her breathing was somewhat irregular in rate and intensity. Examination of the ears, eyes, scalp, nose and mouth reevaled nothing of importance. The tonsils were large but did not appear acutely inflamed. Neck rigidity was marked. A few coarse, dry rales were audible throughout the chest. Heart findings were negative except for the increased rate and sinus arrhythmia. The abdomen was distended and hypertympanitic. The most notable findings were observed upon examination of the lower extremities. There was flaccid paralysis of both lower extremities, much more marked on left than on right, with severe pain attending attempts to active and passive motion. No sensory disturbances were noted. The upper and right lower tendon reflexes were diminished and the left patellar reflex could not be elicited. Achilles tendon reflexes were present. Kernig's sign was absent. No abdominal reflexes were obtained. Babinsky and Oppenheim signs were strongly suggestive, especially on the left. Definite rigidity of the spinal column with pain on motion were present. Urinary retention was found. There was evidence of slight paralytic involvement of the phrayngeal muscles as shown by some difficulty in deglutition and expectoration.

LABORATORY FINDINGS: Urinalysis was negative. The white cell count was 16,266 of which there were juveniles 10%; segmented 65%; lymphocytes 21%; and monocytes 4%. The blood Wasserman was negative. A spinal puncture was done the morning following admission. The fluid was under a moderately increased pressure but appeared entirely clear. The microscopic examination of the fluid revealed 50 cells per cubic mm., of which the majority were lymphocytes; the Wasserman was negative; th eglobulin test was strongly positive.

COURSE: The patient appeared definitely improved following the spinal puncture. She was in a more receptive mood, complained less of pain, and the vomiting, which had persisted through the previous night, had ceased. The improvement continued through the next day when the neck rigidity had disappeared and patient had made some successful attempts to move her lower extremities. However, rectal and urinary sphincter control were disordered. Following admission her temperature promptly dropped and reached a normal level on the fourth day of her hospital stay. From then on her temperature remained at a practically normal level throughout her stay, except for an occasional rise to between 99° and 99.8°. Active movement of her extremities to a satisfactory degree was noted on the tenth day following admission and the course toward complete recovery of locomotor function was rapid. The recovery from rectal and urinary incontinence, however, was delayed

*—Reported at the Clinical Staff meeting, Leo N. Levi Memorial Hospital, April 6, 1933. Submitted for publication October 18, 1933.

for another ten days. Her course since has been uneventful except for a persistent urgency and frequency of urination, the cause of which has remained obscure in spite of investigations into the function of the urinary tract. The abdominal reflexes are still greatly diminished while the deep tendon reflexes are somewhat exaggerated. The treatment was entirely symptomatic. For a brief period she received small doses of urotropin by mouth.

Review of the Literature

History

The post-vaccination cerebro-spinal complication (encephalitis, encephalomyelitis, etc.) is a relative newly-recognized disease entity brought to the attention of the medical profession as recently as 1924. Of approximately 700 cases that have been recognized, only 71 have been recorded in the United States in the past 10 years. By far the largest number of reports have come from Holland and England. Numerous cases have also been recorded in Germany, Sweden, and Norway. Occasionally, both in this and foreign countries, small, epidemic-like outbreaks have occurred, limiting themselves, however, to localized areas of population. The complications have occurred following the use of both rabbit-brain virus, guinea-pig virus and strains of calf virus obtained from various sources. The complications have followed both single and multiple insertion methods.

Etiology

The specific causative agent of post-vaccination cerebro-spinal disease is not definitely known. Several theories have been advanced. Chief among these are:

1. That the vaccine virus itself is the causative agent.

2. That some unknown virus becomes activated by the vaccine virus, converting a latent encephalitis into an active one.

3. That the disease is a manifestation of an anaphylatic reaction, the vaccine virus acting as a sensitizing agent to nervous tissue.

Other theories advanced take into consideration vitamin or other dietary factor. Activation by vaccina of certain forms of bacteria, especially of the streptococci type, and of certain protozoa and yeasts have also been suggested.

Predisposing Causes

Post-vaccination encephalitis tends to occur more in rural districts than in cities; girls are affected more often than boys. Infants under one year of age, though not immune, are seldom victims, as are also children over eight years of age. The larger proportion of cases have occurred following the primary take among children of school age, while adolescents and adults are practically exempt.

While the disease has occurred both following multiple and single insertions, most students of the subject regard the former as a greater predisposing method than the latter.

Symptomatology

The nervous manifestations of post-vaccination encephalitis are quite variable and may point to involvement of the meninges, the brain, the brain stem, the spinal cord, or, as most frequently encountered, to a combined involvement of two or more of these structures. In spite of this variability of clinical symptoms, the disease as a distinct entity has been firmly established, mainly on the basis of the pathologic post-mortem findings, which are distinct and characteristic.

The incubation period is from 4 to 17 days, most cases developing the first symptoms between the 10th and 13th days following vaccination. The uniformity of onset, course, and time relations of the symptoms in most cases is quite striking. The course of the disease is rapid, the fatal cases dying on the third or fourth day after onset of symptoms, or two weeks after vaccination. The earliest symptoms, as described by H. I. Viets and S. Warren are: "Headache, vomiting, pyrexia, and a tendency toward paralysis. In infants convulsions, too, are frequent. Consciousness is soon lost. The paralysis consists of weakness of the cranial nerves or of the extremities and there is considerable variation from time to time. The Babinski response is sometimes obtained. As the disease progresses the deep reflexes disappear. Sphincter control is usually disordered, incontinence being a common finding. Trismus has occurred in many cases."

The spinal fluid is clear, often in-

creased in pressure, and no visible or cultivatable organisms can be demonstrated. The cell count is usually increased, containing mononuclear and polynuclear cells. In a few cases small amounts of vaccine virus were detected. On the other hand, frequently the spinal fluid is essentially negative.

In regards to the diagnosis, many cases have occasioned much confusion and have been mistaken for tetanus, epidemic meningitis, tuberculous meningitis, encephalitis lethargica, meningismus, poliomyelitis, cerebral hemorrhage, sunstroke, epilepsy, and hysteria. In differentiating, the history, the incubation period, course, and symptoms of the disease as well as the spinal fluid and other laboratory findings are essential factors.

Treatment

Very encouraging results, as are evidenced by recession of symptoms, abatement of the course, and hastening complete recovery, have been reported by foreign observers following the use of serum or citrated blood from individuals recently vaccinated, or preferably, vaccinated at the same time as the patient. The serum has been given both intrathecally and intravenously, most frequently by the latter route. Intravenously it has been given in doses of from 8 to 10 cc. for one or two doses. In one case 5 cc. was given intrathecally with striking results. Very good results have followed this treatment in severe cases even when used late, such as when the serum was given to four days following onset of symptoms or 13 to 16 days following the patient's vaccination. One case was benefited by the serum of the father who had been vaccinated four years before.

The simplicity and accessibility of this method of treatment should serve to encourage its trial in every case.

Prognosis

Among the European cases the mortality rate is high, occurring in 50 per cent of the cases reported in England, and in 35 per cent of those in Holland. The mortality rate in this country has been estimated at 37 per cent. With rare exceptions, the non-fatal cases recover promptly and completely, leaving no sequelae. Exceptionally, residual symptoms persist, a case of marked mental deterioration and one of complete flaccid paralysis of both legs, with anesthesia below umbilical level, having been reported among the 71 cases of post-vaccination encephalitis in this country.

Prevention

There are several well recognized factors in considering the prophylaxis of this dreaded post-vaccination complication. Infancy may be considered as the best period to subject the individual to the primary vaccination, preferably during the first year of life. This should always be done with a suitable technique, one of which is defined by Charles Armstrong as "Employing a small superficial insertion, never over one-eighth inch in greatest diameter and which employs no routine dressing." The same writer on the basis of his experiments with mice suggests that "inoculation with diphtheria toxoid tends to render these animals somewhat more resistant to vaccine virus subsequently administered intracerebrally. It is suggested that primary vaccination, especially after the first year of life, be deferred until contemplated immunization against diphtheria or other diseases by means of inanimate antigens has been accomplished."

Nervous children or those with neurological ailments should be excluded. In times when encephalitis, poliomyelitis or meningococcus meningitis are epidemic, vaccination should be postponed. Bed rest for three weeks following vaccination has also been suggested as a prophylactic measure.

Pathology

In contrast to the lack of uniformity in the clinical symptoms of post-vaccination encephalitis, the pathological picture, especially that referable to the microscopic examination, is constant, characteristic, and easily differentiated from that encountered in epidemic encephalitis (Lethargic encephalitis) or in poliomyelitis of primary origin; on the other hand the findings simulate closely those occuring in nervous system inflammations complicating such diseases as measles and scarlet fever.

The pathological findings are fully described by H. R. Viets and S. Warren, who state, in part: "The gross lesions are not at all distinctive, consisting chiefly of hyperemia of the meninges, some edema of the brain, and at times punctate spots in the brain substance due to dilated vessels. The microscopic picture, however, is distinctive. The outstanding lesion is perivascular cellular infiltration, not restricted to the immediate zone of the vessels but extending some little distance out into the brain substance. This is usually accompanied by perivascular demyelinization. The rapidity with which the demyelinization appears is surprising, having been found in rare cases as early as three days after onset of nervous symptoms.

"The lesions are widespread throughout the brain as a rule, tending to involve the white matter rather more than the gray. The more acute the case, the more even the distribution. The lesions may be most intense in the region of the pons and the upper portion of the medulla. Together with this there is in the cord a tendency toward softening, particularly in the lower portion, with a partial demyelinization of certain fibers there."

A detailed histological picture may be described as follows: The vessels, particularly the veins, are hyperemic and there is an infiltration in the perivascular space of mononuclear cells and polymorphonuclear leukocytes in small numbers. There is no thrombosis or vasular occlusion. In the extra-adventitial tissue there is infiltration, becoming more diffuse as distance from the vessel increases, with mononuclear leukocytes, lymphocytes and rare polymorphonuclear leukocytes. Together with this there is infiltration of microglia cells, many of which are markedly swollen. With ordinary stains there is seen to be a zone of rarefaction surrounding the vessels. Special staining methods reveal complete disruption of the myelin sheaths and rapid disappearance of the myelin itself in these zones, while not infrequently the axons themselves are destroyed. In the adjacent uninvolved portions of the brain the nerve fibers and their myelin sheaths can be readily distinguished. There is much less involvement of the gray matter than of the white matter.

Inclusion bodies have not been found in the lesions. In many cases there is an accompanying meningitis. The subarachnoid space is distended and there are numerous large mononuclear leukocytes, lymphocytes, and occasional polymorphonuclear leukocytes. The vessels are decidedly hyperemic and dilated, and the endothelial cells of their walls are plump. There is not infrequently evidence of migration of large mononuclear leukocytes and polymorphonuclear leukocytes through the wall."

BIBLIOGRAPRY

1. Armstrong, Charles, Post-vaccination Encephalitis with special reference to prevention. Public Health Reports, July, 1932, Vol. 47, No. 30, Pp. 1553-1567.

2. Viets, Henry R. and Warren, Shields: Vaccinal Encephalitis, The New England Journal of Medicine, 204: 475-481, (March 5, 1931).

Coming Medical Meetings

Inter-State Post Graduate Medical Association of North America, Philadelphia, November 5th to 9th.

Southern Medical Association, San Antonio, November 13th to 16th.

Fourth Councilor District Medical Society, Monticello, November 19th.

Fort Smith Clinical Society, Fort Smith, November 22nd.

Third Councilor District Medical Society, Stuttgart, November 27.

Radiological Society of North America, Memphis, December 3rd to 7th.

Ninth Councilor District Medical Society, Harrison, December 4th.

Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.

Arkansas Medical Society, Fort Smith, April 15, 16, 17, 1935.

QUININE FORMULARY

Merck & Co., Inc., Rahway, N. J., has issued a "Quinine Formulary" of twenty-four pages, containing prescriptions and directions for using quinine or its derivatives in thirty-eight diseases and conditions, which are alphabetically arranged, beginning with *abortion (inevitable)*, running through *malaria*, and ending with *varicose veins*. It contains a bibliography of American authorities giving scientific reasons for the use of quinine in the conditions that are mentioned. The pamphlet also gives the uses and doses of the derivatives of quinine, including cupreine, optochine, and quinidine, which have specific uses in non-malarious conditions.

The pamphlet is a compendium of valuable information, and will be mailed to any physician who mentions this notice.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council.

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

CORONARY DISEASE

Millard's article in this issue calls attention to the significance of coronary artery disease, a condition which has received considerable publicity of late in the lay press because of the deaths of several prominent persons from this cause.

It is distinctly an affection of middle and later years of life, rarely acting as a cause of death in persons under 35 years. Above that age, however, there is an increasing frequency of the disease.

Willius[1] has reported that the chief cause of the condition, sclerosis of the arterial walls, is present in slight degree even in the first decade of life and that practically all individuals are affected in some degree by the 60th year. Other coronary disturbances may be due to dysfunction of the nerve supply to the arteries resulting in spasm of the affected vessel. These changes interfere with the blood supply of the cardiac muscle, anginal pains being the usual accompaniment in the sclerotic type. The pain usually occurs after prolonged exercise but may follow slight exertion. Fortunately, the severity of the pain enforces rest and thus assists in recovery. Thrombosis, also associated with the sclerotic type, may produce death without premonitory symptoms.

Largely as the result of more accurate diagnosis, the incidence of deaths from this disease shows a great increase in recent years. Sudden deaths, formerly ascribed to "acute indigestion' 'and the like, are now known to be due to coronary artery disease. The studies of Levy[2], however, indicate that the increase is an actual one. For this, the strenuousness of modern living has received the blame but it is quite likely that the recorded increase is but a part of the general ascent in cardio-vascular disease; a morbidity which is, in part, inevitable, due to the declining mortality of infectious diseases and lengthening of the average life span. Coronary artery disease offers a field for continued intensive study and research.

1—Willius, F. A., Smith, H. L., and Sprague, P. H. Proc. Staff Meetings Mayo Clinic, March 1, 1933, 8, 140.

2—Levy, R. L., Bruenn, H. G., and Kurtz, D. Amer. Jour. Med. Sc. March, 1934, 187, 376.

MEMBERSHIP

The roster of membership of the Arkansas Medical Society as printed in this issue totals 1026 physicians, an increase over the 880 of 1933 but as yet far from complete in listing the eligible physicians of the state. The 1934 Directory of the American Medical Association gives the records of 1890 physicians in Arkansas, a considerable number of whom, not now members of this Society, are eligible for membership. The state secretary's office is now compiling a list of these physicians by counties and will furnish this to the respective county societies in the near future. It is to be hoped that the county societies will exert every effort to secure the affiliation of these physicians, thus strengthening our organization for mutual benefit.

Medical organization must represent the greatest possible number of eligible physicians. The serious problems of the present day, together with those of a governmental or social nature which may develop, can best be met in safety and security for the physician only if the profession is in a position to speak and act as a unit rather than as a group of individuals. Each member of the Arkansas Medical Society may increase the security and benefits of our medical organization by his own efforts in enlisting every eligible physician.

E. R. A. MEDICAL SERVICE

Based upon comments so far received from the membership the new plan of medical service for persons on relief rolls meets with general approval. This is gratifying to the committee which has worked to attain the present objective. Every member of the Society who agrees to give service under this plan is urged to approach the county relief administrations on a dignified, conservative basis which will reflect credit upon the organized medical profession. With lay persons in charge of the administration it is to be expected that misunderstandings will arise from time to time. It is the function of the county advisory committee to minimize the friction which these may cause, handling all questions referred to them promptly, decisively and impartially. The rendering of a professional service of high quality in all fairness under the provisions of this plan will serve to increase public confidence in the right of medical men to lead in all problems of health. There is need for physicians to view this problem, not alone in the light of medical men giving service to the indigent and receiving therefor a small allowance, but also as citizens vitally concerned with the entire problem of relief activity.

Announcement

The Radiological Society of North America will hold its next annual meeting at the Hotel Peabody, Memphis, Tennessee, December 3-7, 1934. The Medical Profession is cordially invited to attend. Further information may be obtained by addressing the Secretary-Treasurer, Dr. Donald S. Childs, 607 Medical Arts Building, Syracuse, New York.

Obituary

LOWE, Walton W., Gillett, aged 60, died September 16th. He was a graduate of the Saint Louis University School of Medicine and had practiced in Gillett for a number of years. In addition to following his profession, he was also engaged in rice farming and was a member of the A. M. Lowe Drug firm. He is survived by his wife, a son, a daughter and two brothers.

ROBINSON, Frank C., Little Rock, aged 71, died September 19th. He graduated from the Arkansas Medical College in 1896 and had practiced in Little Rock since 1915. He is survived by three sisters.

HARRISON, A. G., Searcy, aged 58, died at a Memphis Hospital October 5th following an illness of two years. Dr. Harrison graduated at the Memphis Hospital Medical College in 1901 and had been in practice at Searcy for many years. During his practice there he founded two hospitals, the Harrison Hospital being under his supervision at the time of his death. He is survived by his wife and daughter, Miss Marjorie.

Membership Roster of the Arkansas Medical Society, 1934

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John, M. C. — Stuttgart
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Poe, Fielding A. — St. Louis, Mo.
Rasco, C. W. — DeWitt
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White, E. O. — Hamburg
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Hughes, G. A. — Siloam Springs
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Moore, W. A. — Rogers
Peacock, A. L. — Gentry
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Pickens, W. A. — Bentonville
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Williams, J. R. — Siloam Springs
Wilson, C. S. — Siloam Springs

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Poynor, W. H. — Harrison
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Watkins, W. L. — Alpena Pass
Weast, L. M. — Yellville

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Pace, Henry — Eureka Springs
Parker, J. R. — Eureka Springs
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Webb, J. H. — Eureka Springs

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Easterling, W. D. — Lake Village
Easterling, W. W. — Chicot
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Hiller, J. P. — Pollard
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McGuire, J. E. — Piggott
Poole, W. I. — St. Francis
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Matthews, J. T. — Heber Springs

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Hamilton, A. J. — Rison
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Hudnall, E. T. — Taylor
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Jordan, T. S. — Magnolia
Kitchens, H. M. — Waldo
McLeod, G. F. — Magnolia
McWilliams, C. T. — Magnolia
Rushton, Joe F. — Magnolia
Smith, P. M. — Magnolia
Souter, A. J. — Waldo
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Hardison, T. W. — Morrilton
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Matthews, J. M. — Morrilton
Mobley, H. E. — Morrilton

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Jones, J. K. — Lepanto
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McDaniel, L. H. — Tyronza
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Griffin, J. Lee — Vanndale
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*McKie, W. H. — Wynne
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Stewart, Thomas J. — Wynne
Wilson, Thomas — Wynne

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Taylor, J. E. M. — Sparkman
Ward, W. P. — Fordyce

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Smith, H. T. — McGehee
Watts, J. D. — Dumas
White, R. F. — McGehee

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Dickins, R. D. — Monticello
DeBolt, G. C. — Monticello
Gates, S. M. — Monticello
Pope, M. Y. — Monticello
Smith, R. N. — Collins
Wilson, J. S. — Monticello

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Brooke, H. C. — Conway

* Deceased.

† Membership equals or exceeds that of 1933.

Cook, Raymond C. Memphis, Tenn.
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Dawson, R. L. Wooster
Dickerson, C. H. Conway
Downs, J. H. Vilonia
Dunaway, L. S. Jr., Conway
Fraser, N. E. Conway
Glover, A. J. Guy
Hardy, H. B. Greenbrier
Harrod, Geo. Conway
Henderson, G. L. Conway
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Kitley, J. R. Mayflower
Lieblong, J. S. Greenbrier
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McCollum, I. N. Conway
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Browning, E. R. Hot Springs
Burns, Coleman C. Hat Springs
Casada, B. F. Hot Springs
Chamberlain, W. W. Hot Springs
Chesnutt, James H. Hot Springs
Clardy, Floyd Hot Springs
Collings, H. P. Hot Springs
Connell, W. H. Hot Springs
Diederich, V. P. Hot Springs
Eckel, G. M. Hot Springs
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Fletcher, Geo. B. Hot Springs
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King, Leon E. Hot Springs
King, O. H. Hot Springs
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Lautman, M. F. Hot Springs
Laws, Wm. V. Hot Springs
Lee, D. C. Hot Springs
Lutterloh, Chas. H. Hot Sjrings
Martin, Louie G. Hot Springs
MacLaughlin, O. J. Hot Springs
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Moss, Chas. S. Hot Springs
Nims, C. H. Hot Springs
Pate, C. N. Hot Springs
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Power, Allyn Hot Springs
Preston, H. H. Hot Springs
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Rowland, J. F. Hot Springs
Sanders, T. E. Hot Springs
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Shaw, J. B. Hot Springs
Short, Z. N. Hot Springs
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Smith, W. K. Hot Springs
Snider, W. L. Hot Springs
Steele, S. B. Hot Springs
Stell, J. S. Hot Springs
Stough, D. B. Hot Springs
Strachan, J. B. Hot Springs
Sullivan, A. G. Hot Springs
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Wade, H. K. Hot Springs
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Weil, S. D. Hot Springs
Wenger, O. C. Hot Springs
Wootton, W. T. Hot Springs
Wright, H. K. Hot Springs

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Kelly, O. R. Sheridan
Paxton, R. L. Sheridan

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Dillman, Jas. A. Paragould
Ellington, W. E. Paragould
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Hardesty, C. A. Paragould
Hudgins, J. J. Paragould
Lamb, J. H. Paragould
Majors, W. M. Paragould
Scott, F. M. Paragould
Self, G. S. Paragould
Self, S. M. Walcott, Ark.

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Autrey, J. R. Columbus
Cannon, G. E. Hope
Carrigan, P. B. Hope
Gentry, J. E. McCaskill
Kolb, A. C. Hope
Lile, L. M. Hope
Martindale, G. H. Hope
Martindale, J. G. Hope
McDonald, T. L. Hope
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Robins, W. F. Ozan
Smith, Don Hope
Weaver, J. H. Hope

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Bramlitt, E. T. Malvern
Brown, H. L. Malvern
Hodges, W. G. Malvern
McCray, E. H. Malvern
Norton, J. M. Donaldson
Williams, J. M. Malvern

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Hopkins, J. S. Nashville
*Hutchinson, D. A. Nashville
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Simpson, W. B. Nashville
Toland, W. H. Nashville
Wood, R. L. Delight

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Copp, Noel Calico Rock
Craig, M. S. Batesville
Evans, L. T. Batesville
Gray, C. C. Batesville
Gray, F. A. Batesville
Harris, Chas. L. Melbourne
Hinkle, C. G. Batesville
Hooper, J. M. Batesville
Huskey, I. M. Cave City
Jeffery, Paul H. Bethesda
Johnston, O. J. T. Batesville
Kennerly, J. H. Batesville
Laman, G. T. Cave City
McAdams, V. D. Cord
Pascoe, V. L. Newark
Robertson, S. N. Sulphur Rock
Smith, R. L. Melbourne
Weathers, J. L. Salem
Woods, O. S. Salem

JACKSON COUNTY

Best, A. L. Newport
Causey, G. A. Swifton
Elton, A. M. Newport
Erwin, Ira H. Newport
Gray, C. R. Newport
Harris, M. L. Newport
Ivy, J. B. Tuckerman
Jamison, O. A. Tuckerman
Kimberlin, K. K. Tuckerman
Owens, M. B. Newport
Pierce, W. N. Tupelo
Stephens, G. K. Newport
Walker, H. O. Newport

JEFFERSON COUNTY†

Beard, J. C. Pine Bluff
Blackwell, O. G. Pine Bluff
Blankenship, W. H. Pine Bluff
Bruce, W. H. Pine Bluff
Capel. C. B. Pine Bluff
Caruthers, C. K. Pine Bluff
Chavis, W. M. Pine Bluff
Clark, O. W. Pine Bluff
Cunningham, T. J. Pine Bluff
Dunaway, W. C. Little Rock
Gill, J. F. Pine Bluff
Gurney, J. O. Pine Bluff
Hankison, O. C. Pine Bluff
Higinbotham, C. J. Pine Bluff
Hughes, A. A. Pine Bluff
Jenkins, J. S. Pine Bluff
John, J. W. Pine Bluff
Lemons, J. M. Pine Bluff
Lowe, W. T. Pine Bluff
Luck, B. D. Sr. Pine Bluff
Luck, B. D. Jr. Pine Bluff
McMullen, E. C. Pine Bluff
Palmer, J. T. Pine Bluff
Payne, Virgil Pine Bluff
Pittman, W. G. Pine Bluff
Scales, J. W. Pine Bluff
Shelton, M. A. Wabbaseka
Simmons, W. H. Pine Bluff
Spillyards, J. S. Pine Bluff
Troupe, A. W. Pine Bluff
Woods, R. P. Altheimer

JOHNSON COUNTY†

Barger, M. I. Lamar
Boen, A. L. Clarksville
Graves, S. M. Mt. Levi
Hardgrave, Geo. L. Clarksville
Hunt, Earle H. Clarksville
Hunt, W. R. Clarksville
Kolb, Jas. M. Clarksville
Kolb, J. S. Clarksville
Love, John G. Hartman
Mooney, J. D. Coal Hill
Siegel, G. R. Clarksville

LAFAYETTE COUNTY

Baker, F. E. Stamps
Keith, A. W. Stamps
McKnight, J. F. Bradley
Youmans, F. W. Lewisville

LAWRENCE COUNTY†

Ball, C. C. Ravenden
Cruse, E. J. Black Rock
Guthrie, T. C. Smithville
Gibson, E. L. Alicia
Hardeway, J. E. Lynn
Hatcher, W. W. Imboden
Henderson, A. G. Imboden
Hughes, J. C. Hoxie
Hukill, O. K. Walnut Ridge
Hull, H. B. Mammoth Spring
Johnston, Wm. Hardy
Kendall, W. S. Strawberry
Land, J. C. Walnut Ridge
McCarroll, H. R. Walnut Ridge
Neece, T. C. Walnut Ridge
Poindexter, J. C. Imboden
Rainwater, Elmer Walnut Ridge
Robinson, W. J. Portia
Tibbels, Chas. D. Black Rock
Watkins, G. Max Walnut Ridge

LEE COUNTY†

Bean, W. B. Marianna
Beaty, W. S. Rondo
Bogart, H. D. Marianna
Chaffin, C. W. Moro
Crawford, W. S. Marianna
Hodge, N. C. Marianna
Lewis, J. F. Oak Forest
Russwurm, S. C. Hughes
White, H. L. Rondo
Williamson, O. L. Marianna
Wilsford, A. L. Moro

LINCOLN COUNTY†

Dixon, Chas. W. Gould
Johnson, R. L. Grady
Ringgold, Geo. W. Gould
Russell, Manley Holland Star City
*Tarver, Benjamin F. Star City
Tarver, Vernon Star City
Thiolliere, A. C. Gould
Williams, A. F. Cornerville
Wood, G. C. Grady

LITTLE RIVER COUNTY†

Castile, Herman Foreman
Harding, C. A. Ashdown
Heller, Henry G. Foreman
Phillips, P. H. Ashdown
Ringgold, J. W. Ashdown
York, W. W. Ashdown

LONOKE COUNTY†

Beaty, S. S. England
Benton, T. E. Lonoke
Brewer, J. F. Kerrs
Callahan, E. A. Carlisle
Corn, F. A. Jr. Lonoke
Crowgey, W. B. Scott

* Deceased.

† Membership equals or exceeds that of 1933.

Ellis, C. S. — Lonoke
Harris, E. H. — Coy
Lewis, John W. — Keo
Smith, W. Meyers — Lonoke
Utley, F. E. — Cabot
Ward, O. D. — England
Watson, Asa C. — England
Wells, J. B. — Scott

MADISON COUNTY†

Beeby, Chas. — Huntsville
Counts, Geo. D. — Wesley
Dixon, C. B. — Kingston
Hill, N. J. — Hindsville
Scott, James Berry — St. Paul
Walker, G. D. — Delhaney
Youngblood, Fred — Huntsville

MILLER COUNTY†

Beck, E. L. — Texarkana
*Collom, S. A. — Texarkana
Dale, Robert — Texarkana
Daniel, N. B. — Texarkana
Fuller, T. E. — Texarkana
Hibbitts, Wm. — Texarkana
Hunt, Preston — Texarkana
Kelley, K. M. — Texarkana
Kirkpatrick, R. R. — Texarkana
Kittrell, T. F. — Texarkana
Kosminsky, L. J. — Texarkana
Lanier, L. H. — Texarkana
Lee, A. G. — Texarkana
Lennard, F. M. — Texarkana
Longino, H. E. — Texarkana
Mann, Albert H. — Texarkana
Middleton, B. C. — Texarkana
Murry, H. E. — Texarkana
Robins, R. R. — Texarkana
Smiley, H. H. — Texarkana
Smith, W. D. — Texarkana
Webster, H. R. — Texarkana
Williams, J. F. — Texarkana

MISSISSIPPI COUNTY†

Barksdale, Oscar — Wilson
Boyd, D. L. — Blytheville
Campbell, J. H. — Joiner
Ellis, N. B. — Wilson
Harwell, C. M. — Osceola
Hosey, N. R. — Joiner
*Howton, Oleander — Luxora
Hudson, Thos. F. — Luxora
Husband, F. L. — Blytheville
Johnson, I. R. — Blytheville
Johnson, R. L. — Bassett
Luckett, J. A. — Dell
Massey, L. D. — Osceola
Owen, W. M. — Armorel
Polk, J. T. — Keiser
Robinson, Finley A. — Blytheville
Saliba, J. A. — Blytheville
Sheddan, W. J. — Osceola
Sims, H. C. — Blytheville
Smith, F. D. — Blytheville
Stevens, C. C. — Blytheville
Tidwell, J. L. — Dell
Tipton, Paul L. — Blytheville
Washburn, A. M. — Blytheville
Wilson, C. E. — Blytheville

MONROE COUNTY†

Boswell, W. L. — Clarendon
Bradley, W. T. — Blackton
Dalton, M. L. — Brinkley
Dozier, F. S. — Fork Crook, Neb.
*Gilbrech, A. H. — Clarendon
Henry, C. A. — Clarendon
Martin, W. H. — Holly Grove
McKnight, C. H. — Brinkley
McKnight, E. D. — Brinkley
Murphey, N. E. — Clarendon
Nederhiser, M. I. — Brinkley
Terry, P. E. — Holly Grove

MONTGOMERY COUNTY

McLean, J. H. — Caddo Gap
Robbins, J. D. — Mount Ida

NEVADA COUNTY†

Buchanan, A. S. — Prescott
Chastain, J. S. — Prescott
Dickey, A. B. — Prescott
Hesterly, J. B. — Prescott
Hesterly, S. J. — Prescott
Hirst, O. G. — Prescott
Mendenhall, Thos. J. — Rosston
Shell, E. E. — Prescott

OUACHITA COUNTY†

Byrd, E. J. — Bearden
Clemens, J. P. — Mt. Holly
Early, C. S. — Camden
Hathcock, E. L. — Locust Bayou
Hollingsworth, G. F. — Hampton
James, D. E. — Camden
Jameson, J. B. — Camden
Kennerly, R. C. — Camden
McGill, S. D. — Camden
Partee, N. G. — Stephens
Plunkett, C. M. — Elliott
Powell, B. V. — Camden
Purifoy, W. A. — Chidester
Rhine, T. E. — Thornton
Rinehart, J. S. — Camden
Ritchie, C. E. — Stephens
Robins, R. B. — Camden
Rushing, J. L. — Chidester
Sanders, G. P. — Stephens
Smythe, C. H. — Bearden
Thompson, H. F. — Bearden
Thompson, Sam A. — Camden
Word, N. S. — Camden

PHILLIPS COUNTY†

Baker, J. P. — West Helena
Bruce, W. B. — Marvell
Butts, J. W. — Tucson, Ariz.
Cox, Allen E. — Helena
Cox, Aris W. — Helena
Ellis, J. B. — Helena
Fink, M. — Helena
Henry, Morriss — Helena
King, J. A. — Elaine
King, W. C. — Helena
Nicholls, J. W. — Helena
Orr, W. R. — Helena
Rightor, H. H. — Helena
Russwurm, W. C. — Helena
Storm, George R. — West Helena

POLK COUNTY†

Campbell, C. A. — Hatfield
Hawkins, B. H. — Mena
Hilton, J. G. — Mena
Lee, F. A. — Vandervoort
McElroy, F. Q. — Mena
Mullins, F. C. — Wickes
Murphey, J. H. — Opal
Watkins, P. R. — Mena

POPE COUNTY†

Cale, Walter — Atkins
Cowan, Riley — London
Gardner, L. — Russellville
Hood, Robert — Russellville
Jones, R. A. — Perry
Scarlett, W. P. — Russellville
Smith, L. M. — Russellville
Smith, R. L. — Russellville
Tate, A. B. — Russellville

PRAIRIE COUNTY†

Adams, Edward — DeValls Bluff
Crockett, W. H. — Biscoe
Gilliam, J. C. — Des Arc
Lynn, J. R. — Hazen
Parker, Luke — DeValls Bluff
Parker, Wm. McK. — DeValls Bluff
Porter, T. G. — Hazen
Williams, W. F. B. — Des Arc
Wilson, J. G. — Ulm

PULASKI COUNTY†

Allen, Estes — Little Rock
Allen, H. R. — Little Rock
Arkebauer, Chas. A. — Little Rock
Atkinson, Shelby — N. Little Rock
Autry, Paul G. — Combs, Ark.
Bailey, W. E. — Little Rock
Barrier, L. F. — Little Rock
Bennett, B. A. — Little Rock
Blakely, R. M. — Little Rock
Bond, S. P. — Little Rock
Brooks, C. M. — Little Rock
Brown, L. R. — Little Rock
Brown, Thomas D. — Little Rock
Calcote, R. J. — Little Rock
Caldwell, Robert — Little Rock
Carruth, O. A. — Little Rock
Carruthers, F. W. — Little Rock
Cazort, Alan G. — Little Rock
Chearis, D. T. — Little Rock
Chesnutt, C. R. — Little Rock
Choate, H. L. — Little Rock
Compton, John N. — Little Rock
Coon, A. B. — Little Rock
Cosgrove, K. W. — Little Rock
Crawford, J. B. — Little Rock
Crawford, S. R. — Little Rock
Crow, Ed W. — Little Rock
Cummins, Bryce — Little Rock
Cunningham, J. C. — Little Rock
Darnall, R. F. — Little Rock
Davis, J. C. — Little Rock
Day, E. O. — Little Rock
Delaney, J. P. — Fayetteville
DeWolf, H. F. — Little Rock
Dibrell, J. L. — Little Rock
Dibrell, J. R. — Little Rock
Dishongh, H. A. — Little Rock
Eubanks, R. M. — Little Rock
Fly, T. M. — Little Rock
Freemyer, W. N. — Little Rock
Fulmer, P. M. — Little Rock
Fulmer, S. C. — Little Rock
Gann, Dewell Jr. — Little Rock
Garrison, C. W. — Lexington, Ky.
Gray, A. F. — Little Rock
Gray, Oscar — Little Rock
Gray, Wm. Ed Jr. — Little Rock
Grayson, W. B. — Little Rock
Hardeman, Daniel R. — Little Rock
Harris, R. P. — Sykesville, Md.
Hastings, Gordon — Little Rock
Hayes, John Harry — Mansfield, O.
Hayes, John Mc. — Little Rock
Hellums, Julius H. — Little Rock
Higgins, H. A. — Little Rock
Hinkle, S. B. — Little Rock
Hoge, S. F. — Little Rock
Holmes, Glenn M. — Little Rock
Howell, A. R. — N. Little Rock
Howze, H. H. — Hines, Ill.
Hundling, H. W. — Little Rock
Hurrle, F. E. — Little Rock
Hyatt, D. T. — Little Rock
Jackson, Geo. F. — Little Rock
Jewell, I. H. — Paris
Jobe, A. L. — Little Rock
Johnson, Glenn H. — Little Rock
Jones, H. F. H. — Little Rock
Jones, Jas. E. — Little Rock
Junkin, S. P. — Little Rock
Kilbury, M. J. — Little Rock
Kinley, James D. — Beebe
Kirby, A. C. — Little Rock
Kory, R. C. — Little Rock
Kriesel, W. A. — Little Rock
Langston, Wm. C. — Little Rock
Lamb, W. A. — Little Rock
Law, Ralph A. — Little Rock
Levy, Jerome S. — Little Rock
Lewis, Geo. V. — Little Rock
Linzy, J. R. — N. Little Rock
Mahoney, P. L. — Little Rock
Matthews, W. M. — Little Rock
May, C. B. — Little Rock
May, John R. — Little Rock
McCaskill, M. E. — Little Rock
McCormack, G. A. — Little Rock
McRae, W. M. — Little Rock
Melson, Madeline M. — Little Rock
Melson, O. C. — Little Rock
Miller, W. H. — Little Rock
Mountford, A. H. — N. Little Rock
Murphey, Pat — Little Rock
Oates, Chas. E. — N. Little Rock
Parmley, L. V. — Little Rock
Parsons, John E. Jr. — Little Rock
Parsons, W. R. — Washington, D.C.
Patterson, R. Q. — Little Rock
Pirnique, A. F. — Little Rock
Ponder, E. T. — Little Rock
Pryor, R. E. — Little Rock
Reagan, G. W. — Little Rock
Reagan, L. D. — Little Rock
Reed, C. C. — Little Rock
Regnier, W. A. — Little Rock
Rhinehart, B. A. — Little Rock
Rhinehart, D. A. — Little Rock
Richardson, W. R. — Little Rock
Riegler, N. W. — Little Rock
Robinson, Byron L. — Little Rock
*Robinson, F. C. — Little Rock
Rodgers, Clyde D. — Little Rock
Roe, Joe L. — Little Rock
Rogers, F. O. — Little Rock
Russell, Allen R. — Little Rock
Sadler, W. L. — Little Rock
Sanderlin, J. H. — Little Rock
Sanford, Sloan M. — Little Rock
Saxon, R. L. — Little Rock
Scott, Homer — Little Rock
Shearer, W. F. — Little Rock
Sheppard, J. P. — Little Rock
Shipp, A. C. — Little Rock
Shuffield, J. F. — Little Rock
Smith, John Mc. — Russellville
Smith, Morgan — Little Rock
Smith, Randolph T. — Little Rock
Smith, W. F. — Little Rock
Snodgrass, W. A. — Little Rock
Spitzberg, Irving J. — Little Rock

* Deceased.

† Membership equals or exceeds that of 1933.

Stover, A. R. ..... Oak Park, Ill.
Strauss, A. W. ..... Little Rock
Summers, J. A. ..... N. Little Rock
Switzer, D. M. ..... N. Little Rock
Thatcher, Harvey S. ..... Little Rock
Thomas, P. E. ..... Little Rock
Thompson, G. D. ..... Little Rock
Thompson, E. I. ..... Little Rock
Vinsonhaler, Frank ..... Little Rock
Wallace, R. A. ..... Little Rock
Wallis, Chas. ..... Little Rock
Wassell, C. McA. ..... Little Rock
Watkins, Anderson ..... Little Rock
Watkins, John G. ..... Little Rock
Wayman, A. K. ..... Little Rock
Wayne, J. R. ..... Little Rock
Wayne, W. D. ..... Little Rock
Webb, V. T. ..... Little Rock
Weny, N. F. ..... Little Rock
White, E. H. ..... Little Rock
Wilson, P. W. ..... Little Rock
Witt, C. E. ..... Little Rock

RANDOLPH COUNTY†

Baltz, M. A. ..... Pocahontas
Brown, J. W. ..... Pocahontas
Finney, Clarence ..... Maynard
Hamil, W. E. ..... Pocahontas
Handley, E. L. ..... Pocahontas
*Hughes, W. E. ..... Pocahontas
Loftis, J. R. ..... Pocahontas
Ryburn, J. W. ..... Pocahontas
Smith, J. E. ..... Reyno
Smith, Robt. Oscar ..... Biggers

SAINT FRANCIS COUNTY†

Bogart, C. N. ..... Forrest City
Bogart, J. A. ..... Forrest City
Boggan, P. P. ..... Forrest City
Burch, N. B. ..... Hughes
Burch, W. D. ..... Hughes
Caldwell, A. B. ..... Forrest City
Chaffin, E. J. ..... Hughes
Davidson, J. S. ..... Forrest City
McCown, N. C. ..... Forrest City
Rush, J. O. ..... Forrest City
Winter, W. A. ..... Widener

SALINE COUNTY

Blakely, M. M. ..... Benton
Buckley, E. A. ..... Bauxite
Burks, J. A. ..... Benton
Gann, Dewell Sr. ..... Benton
Jones, C. W. ..... Benton
Walton, Chas. ..... Leavenworth, Kan.
Ward, W. W. ..... Alexander
Watson, Thos. C. ..... Benton

SCOTT COUNTY†

Bevill, Cheves ..... Waldron
Burnett, J. A. ..... Waldron
Duncan, B. W. ..... Waldron
Duncan, F. R. ..... Waldron
Duncan, L. D. ..... Waldron
Holitik, Geo. F. ..... Waldron
Jones, Paul ..... Mound Valley, Kan.
Sorrell, L. B. ..... Waldron

SEARCY COUNTY†

Cotton, J. O. ..... Leslie
Daniel, Sam G. ..... Marshall
Fendley, E. G. ..... Leslie
Henley, J. A. ..... Marshall
Leslie, J. O. ..... Marshall
Pate, J. C. ..... Leslie
Rogers, W. F. ..... St. Joe
Wood, E. W. ..... Marshall

SEBASTIAN COUNTY†

Amis, J. W. ..... Fort Smith
Benefield, C. E. ..... Fort Smith
Benefield, J. H. ..... Fort Smith
Billingsley, C. B. ..... Fort Smith
Blair, A. A. ..... Fort Smith
Brooksher, W. R. ..... Fort Smith
Buckley, J. H. ..... Fort Smith
Bungart, C. S. ..... Fort Smith
Coffman, J. S. ..... Lavaca
Dorente, D. R. ..... Fort Smith
Dorsey, H. C. ..... Fort Smith
Eberle, W. G. ..... Fort Smith
Epler, E. G. ..... Ione, Ark.
Foltz, J. A. ..... Fort Smith
Foster, M. E. ..... Fort Smith
Freer, B. W. ..... Fort Smith
Goldstein, D. W. ..... Fort Smith
Hall, C. W. ..... Greenwood
Henry, L. M. ..... Fort Smith
Hoge, A. F. ..... Fort Smith
Holt, C. S. ..... Fort Smith
Honomichl, O. R. ..... Hackett
Jeffery, T. E. ..... Fort Smith
Jeffery, V. J. ..... Fort Smith
Johnson, Hugh ..... Fort Smith
Johnson, J. E. ..... Fort Smith
Jones, E. B. ..... Hartford
Jones, I. F. ..... Fort Smith
Kennedy, C. H. ..... Fort Smith
Krock, F. H. ..... Fort Smith
McConnell, S. P. ..... Booneville
Means, C. S. ..... Fort Smith
Moulton, E. C. ..... Fort Smith
Moulton, H. ..... Fort Smith
Nowlin, R. R. ..... State Sanatorium
Ogden, J. C. ..... Fort Smith
Redman, Pierre ..... Fort Smith
Riley, J. D. ..... State Sanatorium
Rose, W. F. ..... Fort Smith
Scott, M. H. ..... Jenny Lind
Smith, H. H. ..... Fort Smith
Southard, J. D. ..... Fort Smith
Southard, J. S. ..... Fort Smith
Stevenson, E. H. ..... Fort Smith
Stevenson, J. E. ..... Fort Smith
Stubbs, S. P. ..... Fort Smith
Taylor, J. M. ..... Fort Smith
Ware, B. L. ..... Greenwood
Willingham, J. J. ..... State Sanatorium
Wolfermann, S. J. ..... Fort Smith
Woods, G. G. ..... Huntington
Wyatt, R. B. ..... Sulphur Springs
Yankoff, P. D. ..... Fort Smith

SEVIER COUNTY†

Archer, C. A. ..... DeQueen
Clingan, A. J. ..... DeQueen
Dickinson, R. C. ..... Horatio
Graves, J. C. ..... Lockesburg
Hendrix, Ben E. ..... Gillham
Jones, I. G. ..... DeQueen
Kitchens, C. E. ..... DeQueen
Norwood, M. L. ..... Lockesburg
Phillips, C. M. ..... Levelland, Tex.
Yates, E. W. ..... Mena

UNION COUNTY†

Cathey, A. D. ..... El Dorado
Cullins, J. G. ..... N. Chicago, Ill.
Elkins, W. N. ..... Junction City
*Ferguson, J. V. ..... El Dorado
Fincher, L. G. ..... El Dorado
Hardin, M. A. ..... Norphlet
Irby, F. L. ..... El Dorado
Kennedy, C. E. ..... Smackover
LeVine, David ..... El Dorado
Mahony, F. O. ..... El Dorado
Mayfield, H. F. ..... Huttig
McCall, Daniel ..... Lawson
McGraw, S. J. ..... El Dorado
Mitchell, J. G. ..... El Dorado
Moore, B. L. ..... El Dorado
Moore, J. A. ..... El Dorado
Munn, E. J. ..... El Dorado
Murphy, G. D. ..... El Dorado
Murphy, H. A. ..... El Dorado
Newton, W. L. ..... Smackover
Purifoy, L. A. ..... El Dorado
Purifoy, L. L. ..... El Dorado
Ritterman, Henry ..... Norphlet
Russell, M. V. ..... El Dorado
Sheppard, J. K. ..... Cascade, Ia.
Sheppard, J. M. ..... El Dorado
Slaughter, J. H. ..... Norphlet
Slaughter, J. W. ..... El Dorado
Smith, D. V. ..... Huttig
Smith, J. M. ..... Smackover
Vines, F. P. ..... El Dorado
Vines, C. L. ..... Kilgore, Tex.
Wharton, J. B. ..... El Dorado
White, D. E. ..... El Dorado
Wozencraft, W. L. ..... El Dorado

WASHINGTON COUNTY†

Baggett, Jeff ..... Prairie Grove
Bean, J. L. ..... Morrow
Briley, J. H. ..... Springdale
Callen, Clyde B. ..... Fayetteville
Cooper, T. L. ..... Elm Springs
Ellis, E. F. ..... Fayetteville
Ellis, Ruth ..... Fayetteville
Fowler, W. A. ..... Fayetteville
Gilbert, A. A. ..... Fayetteville
Gray, T. E. ..... Winslow
Gregg, A. S. ..... Fayetteville
Harr, H. T. ..... Fayetteville
Hathcock, Alfred ..... Fayetteville
Hathcock, Preston L. ..... Fayetteville
Hathcock, P. L. Sr. ..... Fayetteville
Haugen, I. J. ..... Prairie Grove
Henry, R. T. ..... Springdale
Houston, Hugh ..... West Fork
McCormick, E. G. ..... Prairie Grove
Mock, W. H. ..... Prairie Grove
Morrow, F. R. ..... Fayetteville
Richardson, Fount ..... Fayetteville
Riggall, Cecil ..... Prairie Grove
Roberts, D. C. ..... Fayetteville
Robinson, James A. ..... Summers
Sisco, C. P. ..... Springdale
Walker, J. W. ..... Fayetteville
Wallace, J. M. ..... Fayetteville
Wood, H. D. ..... Fayetteville

WHITE COUNTY†

Abington, E. H. ..... Beebe
Allbright, S. J. ..... Searcy
Brewer, T. E. ..... Beebe
Clark, W. A. ..... Bald Knob
Dunklin, A. J. ..... Searcy
Felts, W. R. ..... Judsonia
Hardy, F. P. ..... Center Hill
*Harrison, A. G. ..... Searcy
Havner, J. B. ..... Beebe
Hawkins, M. C. Jr. ..... Searcy
Hudgins, A. H. ..... Searcy
Little, R. L. ..... Judsonia
Parker, O. ..... Searcy
Peeler, C. M. ..... Pangburn
Sloan, D. W. ..... Beebe
Sloan, J. R. ..... Garner
Spain, A. L. ..... Letona
Tapscott, S. T. ..... Searcy
Walls, J. M. ..... Searcy
Woodyard, W. H. L. ..... Judsonia

WOODRUFF COUNTY†

Biles, Lee E. ..... Augusta
Brewer, Edward F. ..... Augusta
Brewster, B. ..... McCrory
Brown, E. B. ..... Cotton Plant
Dungan, Calvin E. ..... Augusta
Evans, R. H. ..... McCrory
Fraser, R. L. ..... McCrory
Hays, J. F. ..... Augusta
Maguire, F. C. ..... Augusta
Mathis, W. J. ..... oCtton Plant
Morris, J. W. ..... McCrory
Murphy, Frank ..... oCtton Plant
West, J. H. ..... Grays
Wilkins, W. T. ..... oCtton Plant

YELL COUNTY†

Ballenger, Wm. E. ..... Plainview
Grace, Jesse Kent ..... Mt. Nebo
Haster, E. J. ..... Dardanelle
Millard, Roy I. ..... Dardanelle
Montgomery, H. L. ..... Gravelly
Pool, Thomas J. ..... Ola

* Deceased.
† Membership equals or exceeds that of 1933.

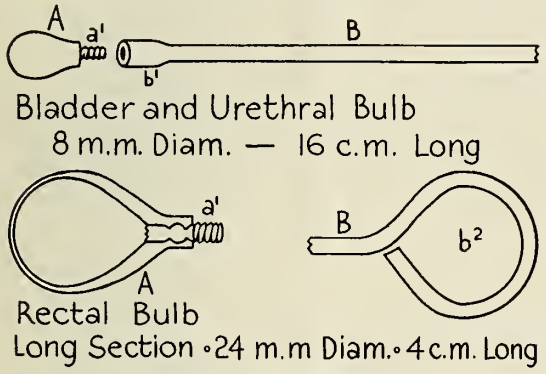
The membership roster of the Arkansas Medical Society for 1934 has been placed in the center of this issue of *The Journal* in order that it may be readily removed for filing.

THE HAWKINS BLADDER, VAGINAL AND RECTAL GUIDE

MARTIN C. HAWKINS, JR., M. D., F.A.C.S.
Searcy

This instrument is designed for the purpose of facilitating speed and safety in surgery of, and around the bladder, vagina and rectum, and as a diagnostic aid. It is particularly useful when placed in the bladder during an anterior colporrhaphy, vaginal hysterectomy, or abdominal hysterectomy, to definitely locate the limits of the bladder wall, especially in separating the bladder wall from adjoining tissues. Used in this manner it will prevent the accidental opening of the bladder or traumatization of its walls. It may also be used as a guide and support in surgery of, and around the urethra, and in fistulae of the urethra, bladder, vagina and rectum. The larger 24 mm. rectal bulb is designed to supplant the finger placed in the rectum when doing plastic work on the vagina or rectum, particularly in the repair of an episiotomy wound as well as in old lacerations of the perineum and recto-vaginal structures, since it can be palpated through the vagina and avoids suturing into the rectum. In diagnosis, it may be used as a mechanical finger to determine the thickness, consistency and presence of palpable lesions and the tenderness of the bladder and rectum by palpating through the vagina against the rubber bulb.

Advantages—The soft rubber bulbs are relatively nontraumatic as compared with the metal sounds now generally used as guides. The rubber bulb acts as a base, guide and mobilizer in repairing fistulae, simulating the end of the finger if such could be placed in the bladder. The malleability of the handle insures any position or shape desired. The ring end of the handle can be used as a retractor of small parts, as of the bladder in vaginal hysterectomy. All bulbs fit the same handle.



Description—*Figure 1*

A. Bulb—Soft, semi-elastic, non-collapsible hollow rubber bulb, sizes 6, 8, 10 and 12 mm. in diameter by 1½ to 2 cm., corresponding to the different diameters. Rectal bulb 24 mm. by 4 cm.

A¹. Metal attachment—1½ cm. long. Part that fits into grooved end of bulb is concentrically ridged or knobbed to fit groove in open small end of the bulb. The portion of the wall of the bulb to which this metal piece is attached is thickened as illustrated. Projecting screw end of metal attachment is 3 mm. in diameter so as to fit screw socket (b^1) of handle, thus making the circumference of the bulb uniform with the attachment end of the handle.

B. Handle—A rod 27 cm. long, 3 mm. in diameter, of soft non-corrosive metal (malleable), with screw socket (b^1) 5 mm. in diameter for reception of bulb screw. Proximal end of the handle is 3½ by 3½ cm. in ring shape (b^2).

Resolution

WHEREAS, Dr. Walton W. Lowe was called by death at his home in Gillette, Arkansas, on the 16th day of September, 1934, after a few hours illnes, and

WHEREAS, In the death of Dr. Lowe, Arkansas County lost one of its most distinguished and respected citizens, and

WHEREAS, In the death of Dr. Lowe, the Arkansas County Medical Society lost one of its most useful and loyal members, and

WHEREAS, This Society realizing to the fullest extent the loss which it has sustained in the sad passing of this brother and fully realizing the still greater loss sustained by those nearest and dearest to him,

THEREFORE, BE IT RESOLVED, That we extend to the family of our deceased member our tender condolences in this their hour of sorrow and commend them to the keeping of the Heavenly Father who looks with compassion upon those who mourn, and

BE IT FURTHER RESOLVED, That this resolution be spread upon the minutes of this meeting as a tribute to the memory of one who was held in the highest esteem and respect by his fellow physicians.

ARKANSAS COUNTY MEDICAL SOCIETY,
M. C. John, *President.*
J. E. Neighbors, *Secretary.*

C. E. Park,
Homer Whitehead,
Resolutions Commtitee.

Proceedings of Societies

The Southeast Arkansas Medical Society met at Monticello September 17th for the following program:

"Practical Points in Gynecology"—Percy Wood, Memphis.

"Toxemia of Pregnancy"—Percy Russell, Memphis.

"Epidemiology of Malaria"—A. M. Gibbs, Hamburg.

The Tenth Councilor District Medical Society met at Fort Smith on September 18th with operative clinics conducted at Sparks Memorial and St. Edward's Mercy Hospitals by Drs. J. H. Buckley, M. E. Foster, A. F. Hoge, C. S. Holt, F. H. Krock and J. A. Foltz. The following dry clinics were presented: "Glioma of Retina," E. C. Moulton; "Heart Disease," A. A. Blair; "Malaria," M. S. Dibrell; and "Demonstration of the Warwick Ionode Machine," R. T. Smith. The following papers were presented at the afternoon session: "Obstetrics in the Country," Thos. Douglas, Ozark; "Differential Diagnosis of Pulmonary Tuberculosis," C. R. Williams, State Sanatorium; "Advisability of Routine Physical Examination, Particularly of Women Between Thirty-five and Fifty Years Old," Ruth Ellis, Fayetteville; and "Pain in Heart Disease," A. B. Chase, Oklahoma City. Newly-elected officers are: I. F. Jones, Fort Smith, President; J. D. Riley, State Sanatorium, Vice-president; and Fount Richardson, Fayetteville, Secretary. The 1935 meeting will be held in Fayetteville.

Woodruff County Medical Society has elected the following officers: President, J. H. Hays, Augusta; Vice-president, W. T. Wilkins, Cotton Plant; and Secretary-Treasurer, L. E. Biles, Augusta.

The Pulaski County Medical Society was addressed October 1st by Dr. John L. Kantor, New York, on "Functional Disturbances of the Gastro-Intestinal Tract," and by Paul B. Magnuson, Chicago, on "Diagnosis of the Causes of Low Back Pain."

The society was addressed at a special meeting October 6th by A. C. Ivy, Chicago, on "Etiology and Therapeutic Rationale of Peptic Ulcer."

The Mississippi County Medical Society met at Blytheville October 2nd, for a program by Memphis physicians: "Skin Diseases," R. G. Henderson, and "Allergy," J. P. Henry.

F. D. SMITH, *Secy.*

At the October 9th meeting of the Sebastian County Medical Society the following program was presented: "Some Phases of Acute Pelvic Inflammatory Disease," J. S. Southard, and "The Toxemias of Pregnancy," J. W. Amis.

Over 75 physicians attended the fourth clinical conference of the staffs of the Leo N. Levi Memorial Hospital and Charles Steinberg Clinic at Hot Springs National Park, October 11th. In addition to the guest speakers, Col. W. B. Meister, Chief of Medical Service, Army and Navy General Hospital, and Geo. R. Livermore, Professor of Urology, University of Tennessee, the following staff members participated in the program: Drs. W. M. Blackshare, J. O. Boydstone, Howell Brewer, W. W. Chamberlain, V. F. Diederich, G. B. Fletcher, L. E. King, O. H. King, W. G. Klugh, M. F. Lautman, D. C. Lee, C. H. Lutterloh, H. O. Lynch, L. G. Martin, O. J. MacLaughlin, A. R. Power, H. H. Preston, E. M. Smith, D. B. Stough, A. G. Sullivan, F. S. Tarleton, A. H. Tribble, H. K. Wade and S. D. Weil.

The Second Councilor District Medical Society met in dinner session at Batesville October 8th. Speakers were: F. O. Mahony, El Dorado, "The Medical Practitioner in This Changing World"; E. C. Mitchell, Memphis, "The Upper Respiratory Tract Infections of Children"; Joe F. Shuffield, Little Rock, "Principles in the Treatment of Some Common Fractures"; and H. H. McAdams, Jonesboro, "Fibroid Tumors of the Uterus" (motion picture presentation). The following officers were elected: President, J. T. Matthews, Heber Springs; Vice-president, Paul Jeffery, Bethesda; and Secretary-Treasurer, O. J. T. Johnston, Batesville. The society will meet at Batesville during April, 1935.

O. J. T. JOHNSTON, *Secy.*

Pope County Medical Society met in dinner session at Russellville October 11th

for the following program :"Gall Bladder Disease and Associated Pathology," John M. Smith and "Dietetic Treatment of Gall Bladder Disease," Robert Hood.

The Fifth Councilor District Medical Society met at Camden October 11th with more than 60 physicians in attendance to hear Dr. Hugh Leslie Moore, Dallas, President, Southern Medical Association; Dr. Geo. Carlisle, Associate Professor of Clinical Medicine, Baylor University, Dallas; and Dr. J. A. Warner, Professor of Bacteriology, Saint Louis University.

Personal and News Items

Speakers at the Tri-State Medical Society, Shreveport, October 16th and 17th, were: L. J. Kosminsky, responding to address of welcome, and B. A. Rhinehart, on "Modern Gastroenterology."

Ira Ellis has been elected a director of the Monette Chamber of Commerce.

C. W. Garrison has accepted an appointment as City Health Officer of Lexington, Kentucky.

T. T. Ross, Arkadelphia, who was awarded a Rockefeller scholarship in Public Health at Harvard University, began his studies October 1st. Dr. Myron Smith, formerly with the Lonoke County Health Unit, will relieve Dr. Ross with the Clark County Unit.

C. M. Harwell, Osceola, addressed the Frisco System Medical Association at Saint Louis, October 8th on "The General Practitioner in Obstetrics."

R. J. Calcote, Little Rock, was granted the certificate of the American Board for Opthalmic Examinations on September 8th.

"The Practitioner of Medicine in This Changing World," by President Mahony appears in the September *Tri-State Medical Journal.*

H. A. Stroud addressed the Jonesboro Nurses' Association October 2nd on "Cooperation of Physicians With the Nurses' Registry."

B. D. Luck, Sr., Pine Bluff, took postgraduate work at the Mayo Clinic in September.

Visitors to the Century of Progress during September were Dr. and Mrs. H. T. Smith, McGehee, and Dr. and Mrs. W. G. Hodges, Malvern. Dr. Smith also attended the Conference of State Secretaries held on September 21st.

The National Research Council has awarded Paul L. Day, Little Rock, a grant of $250 for work on vitamin G.

Joe W. Reid has opened an office for practice at Arkadelphia.

W. B. Grayson addressed the Crawford County Council of Women at Alma, October 6th, on "Health."

The Arkansas State Nurses' Association was addressed at its meeting in Texarkana, October 30-31st, by Drs. W. B. Grayson, L. J. Kosminsky, R. R. Kirkpatrick, and J. K. Smith.

E. M. Gray, Evening Shade, has moved to Mountain Home where he will be associated in practice with J. T. Tipton.

S. A. Drennen was elected acting mayor of Stuttgart October 3rd.

Drs. Geo. F. Jackson and F. W. Carruthers, Little Rock, addressed the Lincoln County Medical Society September 7th.

"Preventing Arthritis," by M. F. Lautman, Hot Springs National Park, appears in the November issue of *Hygeia.*

The Holt-Krock Clinic, Fort Smith, has moved offices to their own building, the former Saint John's Hospital.

The following attended the Fall Clinical Conference of the Kansas City Southwest Clinical Society: C. S. Bungart, Fort Smith; J. H. Fowler, Harrison; L. Gardner, Russellville; J. G. Gladden, Western Grove; E. J. Haster, Dardanelle; Robert Hood, Russellville; H. Fay H. Jones, Little Rock; F. H. Krock, Fort Smith; D. L. Owens, Harrison; C. P. Cisco, Springdale, and R. L. Smith, Russellville.

Auxiliary Page

Mrs. D. W. Goldstein, *Publicity Secretary.*
616 North Greenwood Ave., Fort Smith.

The annual fall executive board session of the Woman's Auxiliary to the Arkansas Medical Society was held September 27th at the Albert Pike hotel, with 20 state officers, committee chairmen and presidents of county auxiliaries in attendance.

The business session, followed by luncheon, was presided over by Mrs. Wm. Hibbits, president. Mrs. L. J. Kosminsky of Texarkana, successor to the late Mrs. R. R. Kirkpatrick of Texarkana, as treasurer, was introduced. The resignation of Mrs. P. M. Smith, Magnolia, fourth vice-president was accepted and Mrs. J. B. Jameson, Camden, elected. The resignation of Mrs. D. W. Goldstein, Fort Smith, parliamentarian, was accepted and Mrs. F. M. Williams, Hot Springs, elected.

Business included discussion of programs to be carried out this winter by county auxiliaries under auspices of the state auxiliary. Stress was laid upon education, public health, public relations and physical health examination.

State officers attending were: Mesdames H. E. Murry, Texarkana; D. W. Goldstein, Fort Smith; B. A. Rhinehart and Chas. E. Oates, Little Rock; P. H. Phillips, Ashdown; C. G. Hinkle, Batesville; Marcus T. Smith, Conway; Chas. E. Garratt, Hot Springs; Anderson Watkins, Little Rock; P. M. Smith, Magnolia; and Mrs. C. W. Garrison, Little Rock. State chairmen of committees present were: Mesdames Garratt; J. T. McLain, Gurdon; C. E. Oates; B. A. Bennett, Little Rock; S. A. Collom, Texarkana; Pierre Redman, Fort Smith; S. R. Hinkle; Curtis Jones, Benton; C. A. Archer, DeQueen; L. H. Lanier, Texarkana; E. A. Callahan, Carlisle; and T. G. Porter of Hazen. County presidents attending were: Mesdames J. E. Stevenson, Fort Smith; C. E. Kitchens, DeQueen; L. S. Dunnaway, Jr., Conway; L. T. Evans of Batesville, and A. L. Carter of Berryville.

Miller and Bowie County Auxiliary meeting on September 7th preceded a beautifully appointed luncheon given by the president, Mrs. Decker Smith in the Grim Hotel honoring the officers of the Texas and Arkansas Medical Auxiliaries, Mrs. Preston Hunt, Texas president; Mrs. William Hibbitts, Arkansas president; Mrs. L. J. Kosminsky, Arkansas treasurer; Mrs. J. T. Robinson, Texas corresponding secretary, and Mrs. H. E. Murry, Arkansas recording secretary. Plans were completed for the entertainment of the Texas executive board on October 20th.

On September 9th we held our public relations meeting for the year. Dr. S. E. Thompson of Kerrville, Texas, president of the Texas State Medical Association, sponsored by our Auxiliary, addressed a large audience on "Health Problems Are Individual Responsibilities."

Mrs. Joe Tyson, *Chairman*
Publicity Committee.

Mrs. B. V. Powell and Mrs. Sam Thompson were hostesses to the Auxiliary of the Ouachita County Medical Society on Thursday evening at the Powell home. Quantities of roses of varied hues were used as decorations throughout the house and a delicious three-course dinner was served by the hostesses. Covers were laid for ten members. The following new officers were installed: Mrs. B. V. Powell, president; Mrs. J. S. Rinehart, president-elect; Mrs. R. C. Kennerly, vice president, and Mrs. J. B. Jameson, secretary-treasurer.

The Woman's Auxiliary to the Arkansas Medical Society extends greetings and a happy welcome to our new auxiliary, the Lawrence County Auxiliary with Mrs. P. C. Neece, President.

We wish to express our sincere sympathy to Dr. W. H. Poynor and family of Harrison, and to the Boone County Medical Auxiliary in the loss of Mrs. Poynor, who passed away during the summer.

AN INVITATION

The Woman's Auxiliary to the Southern Medical Association will meet in San Antonio, Texas, November 13th to 16th.

Headquarters for the women will be in the St. Anthony Hotel, where all meetings, luncheons and dinners will be held.

It is earnestly desired that our women of the South will make every effort to attend this meeting *"en masse."* Your presence will not only help the meeting but will be a great inspiration to you yourselves. San Antonio is delightful and everything possible is being done to make your visit enjoyable.

A cordial and pressing invitation is extended to everyone to attend the Auxiliary Luncheon on Wednesday, Nov. 14th, to meet Mrs. Robert Tomlinson, National Auxiliary President, and other distinguished guests.

Most cordially yours,

Mrs. Southgate Leigh, *President.*

The outgoing and incoming Presidents, Mesdames O. J. T. Johnston and L. T. Evans, of the Auxiliary to the Independence County Medical Society, and their husbands, were the honor guests at a lovely dinner given recently by Dr. and Mrs. G. T. Laman of Cave City. The members of both the Independence County Medical Society and the Auxiliary were invited to this dinner at the Barnett Hotel. Twenty-one guests were present. After the dinner they attended the picture show, where seats had been reserved for them.

Book Reviews

Postures and Practices during Labor Among Primitive People, Adaptions to Modern Obstetrics, with chapters on taboos and superstitions and postpartum gymnastics: By Julius Jarcho, M. D., F. A. C. S. 160 Pages with 130 illustrations. Published by Paul Hoeber, Inc., New York. Price $3.50.

This work is the result of extensive study of the postures and practices of primitive peoples of yesterday and today. It covers the field both as to time and territory and clearly shows that all people for all time have given thought to the treatment of difficult labors. While more attention has been given to the postures and maneuvers looking to the assistance of the woman in labor, a very complete study of the taboos, charms, religious and crude medical practices of the primitives is included. The author shows that many of their practices, both postural and medicinal are, though highly refined, in use today. Body glands, the placenta, urine etc., both of humans and of lower animals, were used by the ancients. Now some of these are the highest priced items in the modern drug store and millions are being spent on their study. He gives credit for their efforts and deals gently with their cruelties.

Being Jarco he could not fail to give us the practical value of his studies. The chapter on Anthropology and Post-partum Gymnastics alone is worth the price of the book.

It is well printed and bound and extensively illustrated.

—S. B. H.

The Complete Pediatrician: Practical, Diagnostic, Therapeutic and Preventitive Pediatrics. By Wilburt C. Davison, M. A., D. Sc., M. D., Professor of Pediatrics, Duke University School of Medicine, Fellow American Academy of Pediatrics and American College of Physicians, Member White House Conference, etc., Duke University Press, 1934.

The compact volume contains essentials of pediatrics, arranged in the order of use in practice; history, examination, diagnosis and treatment. The findings are listed and under these will be found their explanation, a departure from customary text-book style. Cross-references, well done, add to the usefulness of the book. It is recommended to all physicians interested in pediatrics.

Radiologic Exploration of the Mucosa of the Gastro-Intestinal Tract. By the Cole Collaborators: Lewis Gregory Cole, M. D., Robert E. Pound, M. D., William Gregory Cole, M. D., Russell R. Morse, M. D., Courtenay I. Headland, M. D., and Ames W. Maslund, M. D. Price $7.50. Pp. 336, with 262 illustrations St. Paul and Minneapolis: Bruce Publishing Company, 1934.

This volume is a description and analysis of the fundamental roentgenologic principles upon which the roentgenological diagnosis of various gastro-intestinal tract lesions must be based. The authorship recommends the work to every roentgenologist, veteran or neophyte. The senior author routinely employed, as early as 1910, the mucosal relief study of the gastro-intestinal tract, now the subject of a voluminous literature. Always an adherent of serial roentgenograms as opposed to roentgenoscopy, Cole describes an essentially roentgenographic technic in this volume, the satisfactory results of which, as performed by Cole, are conceeded by other roentgenologists, the majority of whom rely upon screen observations. The work deals with (1) the lumen of the tract viewed in profile, (2) special folds of the mucosa viewed on edge, (3) pliability of the mucosa to peristaltic contraction and (4) the mucosal pattern folds, all as applied to the examination of the esophagus, stomach, duodenum, small bowel and colon. The monograph is well-written indeed, typographically attractive, and is to be read and studied with profit by roentgenologists and gastro-enterologists. It is also recommended to those physicians who wish a familiarity with the fundamental principles of roentgenologic diagnosis of gastro-intestinal tract lesions.

Colwell's Daily Log For Physicians. By John B. Colwell, M. D., Colwell Publishing Company, Champaign, Illinois. Price $6.00.

This is an exceedingly compact, yet complete financial record system, well printed and durably bound. Provision is made for a complete daily record of all patients treated with the financial disposal of each case. The monthly summary and expense sheet are of definite value in accurate record-keeping and provide in an efficient manner the information which most physicians frantically seek about March 12th from cancelled checks and receipted bills. Special records, as obstetrical cases and personal accounts, complete this well-arranged book. To the physician who experiences difficulty in arranging his income tax forms and who desires a more accurate summary of the cycle of his professional success, this book is a welcome solution.

The Sinister Shepherd: A Translation of Girolamo Fracastoro's Syphilidis Sive De Morbo Gallico Libri Tres, by William Van Wyck. The Primavera Press, Los Angeles. 1934. $4.50.

This poem was published in 1530 by Girolamo Francastoro, the Veronese physician who was considered to be one of the foremost scholars of Italy. Aside from its value as a poem, this work gives the reader a good idea of the theories of the origin, cause, symptoms and treatment of syphilis in the sixteenth century. Some of his theories are no longer held in esteem, but the reader will appreciate his proximity to the truth in many instances.

The translation by William Van Wyck theorizes that syphilis was brought back to Europe by Columbus and his sailors, but Francastoro believed that it had been present in Europe for several centuries. Astrologers believed that

syphilis was caused by the planets, while theologians believed that God had sent it to punish the wicked. Francastoro saw that the affection was of a contagious nature and an infection of the blood, harmful to man. He observed that the union of sexes or the contact of babies with wet nurses, could cause it.

The poem describes the cutaneous manifestations of the infection, especially the serous, pustular and scabby forms. It mentions the falling of the hair, the syphilitic lesions of the palate, pharynx and eyes; inflammation of bones, localized nocturnal pains, anemia, general debility and cachexia.

In the treatment the author of the poem advocates mercury above all other forms of treatment. Red oxide of lead was used to dry the ulcers. Storax was used as a stimulant and antimony was used to cause sweating. Peas, leeks, cucumbers, pork and liquor, were forbidden. Some thought that oranges and lemons produced cures.

—E. I. T.

That Heart of Yours. By S. Calvin Smith, M. D., Sc. D., 212 pages. Published by J. B. Lippincott Co., Philadelphia. Price $2.00.

This book might well be the first prescription given a patient suffering from any form of cardiac trouble. Though it does not minimize the seriousness of any cardiac condition, it brings to the suffering reader an assurance that the regime laid down for his guidance by his physician, if followed conscientiously, will not necessarily be in vain, that there is a wide field of usefulness and pleasure open to the cardiopath, and that heart disease need not inevitably shorten life. It emphasizes the fact that symptoms frequently referred to the heart are not always evidences of heart disease, but may be warnings of trouble elsewhere and their appearance should be immediately followed by a thorough physical examination.

A safe, hopeful, well-written book, authoritative, and muchly needed at this time.

—L. F. B.

Spinal Anesthesia. Technic and Clinical Application. By George Rudolph Vehrs, M. D., Salem, Oregon. Cloth, 269 pages, illustrated. Price $5.50. The C. V. Mosby Company, St. Louis, 1934.

This book, as the author states in the preface, "constitutes a survey of the experimental and clinical records in the field of spinal anesthesia for the past forty-nine years."

The subject is very thoroughly and completely covered in a concise and exceedingly instructive manner. Beginning with the definition the author carries you through the history, special anatomy, heart and respiration, general circulatory and metabolic factors, indications, contraindications, complications and mortality, special care of patients, technique, operations, regional and total anesthesia, and finishes with a short discussion on spinal anesthesia in obstetrics. The chapters on general circulatory and metabolic factors and on the care of patients under spinal anesthesia, which includes the selection of patients for this type of anesthesia, preoperative and postoperative care, are especially interesting.

Spinal anesthesia unquestionably has a large place in surgery today, and, as Doctor Vehrs states in his conclusion, "any surgeon who has qualified himself in the application of spinal and regional anesthesia has done more for the preservation of the patient's life than can be done by any other measures. He is using an analgesic which preserves the normal metabolic processes while all the nonvital functions are placed at rest and the blood sugar and oxygen are mobilized to support the heart, respiration and brain-stem centers."

This monograph will be of invaluable service to every surgeon who reads it.—M. E. F.

The Laboratory Notebook Method in Teaching. Physical Diagnosis and Clinical History Recording. By Logan Clendening, M. D., Professor of Clinical Medicine in the University of Kansas. Pp. 71, Price fifty cents. C. V. Mosby, Publishers, St. Louis.

In this small volume the author has presented in a concise, but all inclusive manner, the important points in obtaining a complete and exact history as well as presenting the most systematic and logical manner of obtaining the salient points in a routine physical examination. Besides giving information as to the best method of obtaining this material, the author also presents methods of recording this information in a manner to be of most assistance in making the diagnosis and recording the progress of the case.

This book is an excellent work and a great aid in routine history taking and physical examination. It should be of especial interest to internes and medical students.—T. P. F.

THE USE OF RADIUM

The following resolution was presented by the Executive Committee and adopted unanimously by the American Radium Society, Cleveland Session, June 12, 1934.

WHEREAS, it has been proven that radium and x-ray, when used properly and in sufficient quantity, is efficient in the treatment of cancer in certain locations, and

WHEREAS, there is a general fear in the public mind from x-ray or radium burns, which because of this fear, prevents competent radiologists from using sufficient radium or x-ray to produce the best results.

BE IT RESOLVED that we as radiologists recognize that in the treatment of malignant disease, it is often necessary to carry the treatment on to the extent of producing a violent reaction in the surrounding tissues, which may cause the skin to peel, and blisters to form, in order to give sufficient treatment to overcome the malignant disease. We believe, therefore, that it is justifiable to produce a second degree radiodermatitis when necessary.

MEDICAL MEN FOR THINGS MEDICAL

"The principle that medical men should be the ones to exercise control over medical service is almost axiomatic. Yet there is confusion of thought where there could be straight thinking if all the facts were brought out and faced.

"There are those who would virtually make the physician an employee of the state. They fail to recognize the utter incompatibility between the American political system and the methods of truly professional men.

"There are those who complain about the scarcity of physicians. Yet it is a fact that while England has one doctor for 1,490 persons, France one for 1,690, and Sweden one for 2,890, there is in the United States one physician for every 780 persons.

"There are those who denounce our hospitals on the score of high charges for service, but the truth is that the cost per day of a hospital room with meals and the day and night personal ministrations required by an invalid is usually less than a well person would pay for mere room and meals in a first-class hotel.

"There are those who would like to let down the bars to self-medication. Yet the fact is that during the last few generations the average span of human life has been extended ten years, chiefly through the discoveries of medical science.

"Physicians know these things. They spend years acquiring an education on the care and repair of the most marvelous mechanism on earth —the human body. But they would readily admit that this education does not qualify them for telling railroad executives how to solve transportation problems or impressarios how to stage an opera. The work of the world needs many kinds of specialized knowledge, but certain it is that each field of work will be best managed by those who know it best."—*From Mead Johnson & Company's announcement in Hygiea, August*, 1934.

Contrary to popular belief, it is both the heat and the humidity that make one uncomfortable in hot weather, according to Dr. Lee D. Cady whose article "Your Skin Is Your Refrigerator" appears in the August *Hygeia*.

If the kidneys are healthy, one may increase the amount of common salt in the food or even drink a little in water. If the day is extremely hot, one may need a total intake of salt amounting to about 1 heaping teaspoonful. The added salt replaces that lost from the blood stream by excessive perspiration; if its normal constituents are not supplied, the blood stream passes on its starvation for salts to the tissue cells.

Overdrinking of fluids should not be indulged in, for that tends to produce the very thing that should be avoided; namely, a relatively great salt concentration in the tissue cells.

Food should be varied to be more suitable for hot weather. One does not need much heat-producing food such as meat and other proteins, the digestion of which throws off heat.

ERRATUM.

CHILDHOOD TUBERCULOSIS
A. A. Blair, M. D., F. A. C. P.

A typographical error occurs in the twenty-ninth line, page 76, October issue of *The Journal* in which it is stated that 25 per cent phenol is used as a preservative. This should read twenty-five hundredths per cent.

THE JOURNAL

of the ARKANSAS MEDICAL SOCIETY

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Vol. XXXI FORT SMITH, ARKANSAS, DECEMBER, 1934 No. 7

UTERINE HEMORRHAGE*

I. FULTON JONES, M. D.

Fort Smith

Menorrhagia or metrorrhagia, or any abnormality of the menstrual flow is not physiological. Most women suspect this, and all doctors should be certain of it. Unfortunately, many women still attach little importance to this supposedly temporary disturbance of the menstrual flow. The fact that any abnormality of the menstrual flow indicates, without exception, a cause of disease, must appear axiomatic to any scientific as well as any informed person.

The determination of the cause has been and still is impossible in countless cases. Yet that fact does not excuse the medical profession from using all their facilities and knowledge in search of the underlying pathology. We should ever remember Lawson Tait's admonition, "any practitioner seriously neglects his duty who undertakes the treatment of a patient in which menorrhagia is a symptom, without carefully informing her of the utter uselessness of such treatment until there is a clear perception of the condition present."

The equipment necessary to carry out these fundamental examinations is neither bulky nor expensive. The main requirements are time, intelligence, plus the natural senses, with a good light and a bivalve speculum. Yet, with these minimum requirements, we find that too many doctors are too lazy, too busy, or too ignorant to demand a pelvic examination before treatment is instituted.

I have always found that any diagnosis is made easier if it can be classified under a "rule of thumb." Cullen classified uterine hemorrhage under two headings; one, those dependent on recent pregnancy, and two, those independent of recent pregnancy. Under each one of these classifications he lists a number of causes which I will divide into five groups, so that we have a heading for each "finger," the two main headings being represented by the two hands.

The five headings under the first classification, those conditions dependent on recent pregnancy, are:

1. Placenta Praevia.
2. Premature Separation of the Placenta.
3. Retained Secundines.
4. Hydatid Mole and Chorio-epithelioma.
5. Tubal Pregnancy.

PLACENTA PRAEVIA.—Here we have the history of pregnancy with bleeding appearing after the fourth month. We find, without fail, sufficient bleeding to account for the symptoms present.

PREMATURE SEPARATION OF THE PLACENTA.—We have the history of pregnancy and we are most interested in trying to prevent an abortion. If this condition appears in the latter months of pregnancy it is sometimes hard to differentiate from placenta praevia. In this case we do not find sufficient vaginal bleeding to account for the symptoms.

RETAINED SECUNDINES.—Here we have the history of pregnancy, but we must ever be on the lookout for the patient who wants a currettement. Be sure that she has seen some pieces of "flesh" passed.

HYDATID MOLE.—We remember the beautiful illustration in the text-book and will always recognize it. Fortunately it is not common. We find a woman with the history of pregnancy, who for some unaccountable reason is not going along as well as she should. We do not want to interrupt the pregnancy, but something has to be done. When we begin to dilate the womb we notice these "grape-like" clusters, and wonder if it will be necessary to do anything radical to prevent a chorio-epithelioma. It is well to remember that chorio-epithelioma develops in the musculature of the uterus and that you can not obtain any information from scrapings. The only treatment is hysterectomy. As there are a number of cases of hydatid mole which do not become malignant, each case should be watched, studied, and followed by the Aschheim-Zondek

* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.

test. As long as that test is negative, then it is considered safe to wait; but if it is positive, then a hysterectomy should be performed.

TUBAL PREGNANCY.—Thirty years or so ago this diagnosis was rarely made before operation. Now we not only make practically all of them in which rupture has taken place, but pride ourselves in making the diagnosis before rupture. A patient who has gone over two weeks and begins to bleed a few drops and has a peculiar sensation in one side of the lower abdomen should be watched very carefully for a tubal pregnancy; especially so, if she has had one child and it is several years of age. A vaginal examination will usually give you a mass or a peculiar feeling on one side of the adnexa. You should treat that patient as a case of unruptured tubal pregnancy until proved otherwise. An Aschheim-Zondek test will aid very materially. A pregnancy in one horn of a bicornate uterus is a tubal pregnancy in relation to the non-pregnant side.

We now go to the second division or "hand"; those conditions that are not related to recent pregnancy, namely:

1. Hemorrhage due to constitutional conditions.

2. Hemorrhage due to benign changes in the mucosa of the cervix and body of the uterus.

3. Hemorrhage due to malignant changes in the mucosa of the cervix and body of the uterus.

4. Hemorrhage due to the presence of uterine tumors.

5. Hemorrhage due to disease of the adnexa.

HEMORRHAGE DUE TO CONSTITUTIONAL CONDITONS.—Here we find the blood dyscrasias. According to Kahn, Virchow, Novak, Weibel and Kelly it seems doubtful if its importance is sufficiently recognized. Uterine hemorrhage is sometimes the primary and most important symptom of an underlying blood dyscrasia. It has been found in all blood dyscrasias but thrombocytopoenic purpura and leukemia seem the most common.

HEMORRHAGE DUE TO BENIGN CHANGES IN THE MUCOUS MEMBRANE OF CERVIX AND BODY OF THE UTERUS.—Under this heading we find polypi, both cervical and endometrial; also atrophic mucosa in elderly women. Polypi conform to the histology of the tissue from which they arise. There are larger hemorrhages from the endometrial than from the cervical type. They are rather difficult to diagnose if not seen on vaginal examination. They can cause profuse hemorrhages. We occasionally see hemorrhage from the mucosa in elderly persons.

Hyperplasia of the Endometrium.—This term has borne the brunt of many undiagnosed cases. Whenever the etiology of the hemorrhage was obscure and the physician in doubt, he put it under this classification. Here we have the profuse and prolonged menstrual periods. Curettage was the treatment "par excellence" until the recent studies of Aschheim-Zondek, Novak and others. Now we know that the uterus was simply the offending organ and the cause was from the hormones of the ovary and the pituitary. The present belief is that this condition is one of the functional type, similar to that seen in young girls. The treatment of course must be different, for in the young individuals we must try and preserve the ovarian function; in the elderly it is not of such importance. The story is a long one that has been climaxed by the brilliant work of Smith, Engle, Ascheim and Zondek in their demonstration of the role played by the anterior pituitary lobe over the function of the ovary. The theory is that the hyperplasia is due to a lack of the luteinization hormone.

Immediately after menstruation, the follicles begin to mature and for some reason one of them ripens first and becomes the governing hormone of the period. This period is controlled by the hormone from the anterior pituitary called, Prolan A. The follicle ruptures about the 13th day when the corpus luteum starts and reaches its maturity at the onset of menstruation. The governing hormone from the pituitary is called, Prolan B, and the corpus lutein hormone is called Progestin. The first half of the development of the endometrium is nonsecretory, becoming secretory under the luteinizing hormone. If for any reason the luteinizing hormone does not appear then there will be no secretory development of the endometrium and a hyperplasia with some areas of focal necrosis results.

HEMORRHAGE DUE TO MALIGNANT CHANGES IN THE MUCOSA OF THE CERVIX AND BODY OF THE UTERUS.

It is common sense that cancer must have some starting place of a few cells and a true early cancer is a microscopic rather than a physical fact. Probably no human organ so consistently exhibits early recognizable signs of malignant disease as does the uterus and probably no early signs are so consistently ignored. Very rare indeed does malignant disease occur without increased and irregular hemorrhage; this is

the one and constant symptom and occurs early in the disease. The early diagnosis of malignant disease depends upon a number of factors. One of the most important is the opportunity given the practitioner by the patient of making a complete investigation immediately when any signs or symptoms of possible malignant disease are noticed. The possibility of cure of carcinoma may be said to rest on the date at which it is diagnosed; for the earlier it is treated, either by knife or radium, the better for the patient.

Carcinoma of the cervix is generally preceded by some damage to the cervix and so it most commonly occurs in parous women. There is no doubt that its incidence will be greatly reduced if every woman at the end of child-bearing period has her cervix examined and, if necessary, cauterized or repaired. Carcinoma of the body of the uterus occurs invariably after the menopause and often in unmarried women, while that of the cervix appears at an earlier age and generally among parous women. It is here we get the tragedy of the mother of the young family struck down when she is needed most. The vaginal portion of the cervix is covered with squamous epithelium while the cervical canal is lined with the high cylindrical mucosa that produces the mucous plug in pregnancy. Carcinoma may develop from any of these types of glands.

Squamous Cell Carcinoma of the Cervix.—In the late stages this is easily recognized as the "cauliflower" type of carcinoma. When we find this condition we usually see the entire cervix and surrounding vagina a mass of carcinomatous extension. In recent years these cases have become less numerous. We are seeing, due to increased education along these lines, numerous cases in which our facilities are taxed to determine whether the case is one of the carcinoma or not. I treat these patients as a problem to which the answer is carcinoma. If I am proved wrong, I feel that I have erred on the side of safety for them. If they are treated as though non-malignant until proven so, many lives will be needlessly sacrificed. Any woman that presents herself is entitled to a thorough examination; the cervix being treated with Lugol's solution, and if suspicious after this, a biopsy should be made. A biopsy under the electrical knife is best but if you do not have that advantage, then with the ordinary knife. Do not be satisfied with one biopsy if you still feel that there are some areas of carcinoma present. Sedimentation time with a complete blood count, are also of some aid.

Adeno-Carcinoma of the Cervix.—Beginning in the cervical canal, it is the most malignant of all malignancies and fortunately the rarest. Unless it has grown down into the external os it will not be seen on vaginal examination.

Adeno-Carcinoma of the Body of the Uterus. This can be diagnosed only by a curettage. One should not hesitate to do a diagnostic curettage and have the scrapings examined by a competent pathologist. It is only by such means that the proper diagnosis and treatment can be instituted.

Carcinoma will rarely be overlooked by the man who has "carcinoma on the brain." There are few doctors today who do not know that abnormal bleeding or discharge at middle life may mean carcinoma; yet many of them, not from ignorance, but from apathy and lack of thoroughness, delay in instituting proper treatment at the proper time.

HEMORRHAGES DUE TO PRESENCE OF UTERINE TUMORS.—Here we find the common fibroid. It is usually interstitial at the beginning and gradually grows. This growth may be toward the mucosa or serosa. If to the mucosa, we find it projecting into the cavity of the uterus and causing severe hemorrhages. If it grows the other way, it is usually pedunculated and rarely causes the severe hemorrhages that the other does. Under this classification we find the adeno-myoma. The muscular wall here is transformed into a hard, coarse, diffuse mass. Rarely do these undergo sarcomatous degeneration.

HEMORRHAGES DUE TO ADNEXAL DISEASE.—We find it in purulent salpingitis and it must be differentiated from unruptured tubal pregnancy. The Friedman test assists in the diagnosis. The ovaries are usually secondarily involved with the tubes and the entirety is one mass. Ovarian cysts and tumors are differentiated by a bimanual examination.

DISCUSSION

H. W. HUNDLING, Little Rock: Dr. Jones has given us an excellent outline of the various causes of uterine hemorrhage but has not had time to go into the details of the diseases which cause bleeding.

One of these, under the heading of constitutional diseases, is the so-called thrombocytopenic purpura, which is very frequently misdiagnosed and mistreated because a careful blood count is not made. In the majority of the cases, a typical blood picture will give you a clue to the diagnosis; but because of the fact that the bleeding may occur from the nose or from the bladder or from the intestinal tract, it is frequently forgotten that the bleeding may occur from the uterine cavity. This type of case is frequently treated badly because repeated curettements may be done without improvement before

the condition is recognized. Later on, radium may be used with similar results. There is only one positive cure for this type of case, namely splenectomy.

If we rule out malignancy either by biopsy or curettement, and we know we are dealing with a case of functional bleeding, then we have an entirely different picture. Functional bleeding, of course, may come on at any time. In 50 per cent of the cases it is at or near the menopause, in about 5 or 10 per cent at puberty, and in about 5 per cent, bleeding may come on at any time. So, we may try the various ovarian and thyroid preparations we receive in the mail every day, but frequently there is no improvement.

It is well to consider some of these cases as cases of hypothyroidism, although the metabolic rate frequently is normal. If you rule out any pelvic pathology, especially in the young, and the patient continues to bleed, it is worth while to try this treatment.

In some recent work which Dr. Jones mentioned, a luteinizing substance obtained from the urine of pregnant women has been used in cases of functional bleeding with great benefit. We now know that there are five hormones which have been isolated from the pituitary gland having a great bearing on this type of bleeding. The preparation that is probably the most satisfactory is antuitrin, and we have had some excellent results with it.

To illustrate this very nicely, we had a patient, a young married woman 24 years of age, who had normal periods until three years ago. At that time her periods became very profuse; in fact, she bled continuously for three years. Last fall a curettement was done elsewhere with no benefit whatsoever, and she continued to bleed. We recently put her on antuitrin and after six administrations the periods became normal. She went two or three weeks without any flow and since that time the periods have been perfectly normal and she has had no trouble. So, if the thyroid preparations do not work, it certainly is worth while to use the antuitrin.

In cases of advanced malignancy of the cervix, we have about reached our limit as far as treatment is concerned. But the early cases may be diagnosed, as Dr. Jones brought out, by the use of the Lugols solution as advocated by Schiller. I have some slides to show the value of that particular test, if the case is seen early.

J. S. RINEHART, Camden: Perhaps it would be better that I had kept my seat, but I am one of those rare doctors known as the family doctor. There are a few left, and there are going to be some family doctors as long as there are famiiles, notwithstanding the literature of the last two years to the contrary. There is nothing so simple to the laity. There is a uterine hemorrhage. There is a loss of blood from the uterus. They call in the doctors. There is nothing to them that seems so simple but that the doctor should at once divine the cause, apply the remedy and the trouble would stop. But Dr. Jones, with five things on that hand and five on this hand, went into some of the details as to the cause of uterine hemorrhage. A simpler classification of uterine hemorrhage, perhaps, would be those cases in which we can find the cause and those cases in which we can not find the cause. I wish and I hope that this afternoon Dr. Bethea, of New Orleans, in his paper on Newer Developments of Physical Diagnosis will elicit the means by which this simple diagnosis can be made of uterine hemorrhage. Today X-rays are made of the interior of the stomach, endoscopic examinations made of all the cavities, but I doubt if there can be a picture taken of the inside of the uterus or whether an endoscopic examination can be made. Take, for instance, a uterine tumor that simulates in every way the picture of a beginning extra-uterine pregnancy. If there could be a way to see the little tumor on the inside of the uterus and make a diagnosis, you would save a lot of worry and anxiety. I hope that the day will not be far off when we can have an examination made that is as simple as we now have with the bivalve speculum in the vagina, whereby we can explore practically the inside of the uterus.

DR. JONES, in response: I wish to thank Dr. Hundling and Dr. Rinehart for their discussion. We all see, as Dr. Rinehart has said, many cases in which the diagnosis is most difficult. In these we must make use of all our diagnostic facilities and even then we may be at a loss to account for the bleeding. The more difficult the problem, the more pleasure we get from its solution and we should consider these cases in that respect.

DOCTORS, DOLLARS, AND DISEASE

Many of our profession have recently received a little booklet, telling of an "educational" venture by the National Advisory Council on Radio in Education. This series of lectures is to be broadcast to the nation and can also be had for a smalll sum of money.

We concede the necessity of education in medical economics and would applaud any impartial instruction or even debate on topics concerned with private practice and with compulsory health insurance. We would particularly recommend report concerned with the economic aspect of the cost of community health insurance to the taxpayer. We would like to hear discussed by competent authorities who know American physicians as we do, what effect such a program would have on the way government employees would vote, and what the effect of their common interest in the taxpayer's money would do to the taxpayer. But the schedule consists of nineteen lectures by nonmedical men who want to tell medicine how to "carry on." Of the seven speakers who are physicians, two are avowed protagnosists of health insurance; one is a president of a university which graduates doctors of medicine and runs a pay clinic in competition with them; and a fourth is a former president of the American Health Association whose interests have always been in that sphere. Actually there is but one of the physicians selected who by any stretch of the imagination can be termed a representative of the viewpoint of practicing physicians.

The majority of the lecturers are directly associated with foundations actively working for compulsory health insurance. Three are officials of hospital associations and the remaining five embrace a public health nurse, a journalist, two investigators in the field of public health and a professor of industrial relations.

The medical profession should make its protest felt against this misuse of the educational function which the Federal Radio Commission has placed in the hands of this National Council on Radio Education.—N. Y. St. J. M., Nov. 1, 1934.

ERRATUM

In the membership roster of Faulkner County Medical Society the name of Dr. Lyle L. Hassell incorrectly appears as 'Russell."

AGRANULOCYTIC LEUKOPENIA With MULTIPLE PERIPHERAL NEURITIS*

FRANCIS J. SCULLY, M. D.
Hot Springs National Park

The following case of agranulocytic leukopenia is interesting because of the development of a multiple peripheral neuritis during the course of the disease. I have not been able to find a similar case reported in the literature.

CASE HISTORY

C. H. W., a male, aged 57 years, was seen January 25, 1934, complaining of weakness, exhaustion, a rapid beating of the heart, and sore throat. His illness had started with sore throat three weeks previously. There had been a rise of temperature as high as 100°. During the past four days, the heart rate became very rapid, ranging as high as 120. There was also some numbness and weakness in the hands and difficulty in their use. There was no history of any previous illness other than influenza in 1918.

Examination revealed a fairly well nourished male who appeared quite ill. Tongue was heavily coated. Throat was acutely congested. Tonsils were large and inflamed. No membrane was present. The cervical glands were only slightly enlarged. Temperature 99.4°, pulse 120, blood pressure 106-68. The heart tones were clear but distant. The lungs were normal. The abdomen showed the liver enlarged, tender, and palpable three inches below the costal margin. The spleen was not palpable. The deep reflexes were normally active but there was diminished tactile, pain, and temperature sense in both legs extending to the knees and in both arms extending to just above the wrists.

The blood count showed 60 per cent hemoglobin, 3,180,000 red cells and 1750 white cells. The differential count showed 63 neutrophiles, of which twenty were of the immature type, 31 small lymphocytes and 6 eosinophils. The urine specimen was normal.

He was given 15 grains sodium salicylate after meals and 20 minims digitalis each four hours. He was also given 1 cc. of a nonspecific lipoprotein hypodermically daily for four days, then pentnucleotide intramuscularly. This was repeated 10 cc. each evening and 5 cc. each morning for five days and then once a day until a total of 120 cc. were given. By February 16th, there was improvement in his condition and the salicylate and digitalis were omitted. A tonic and a liver extract preparation were started at that time and have been continued more or less regularly since.

With the treatment, there was a gradual clearing up of the inflammatory condition of the throat. The temperature ranged lower and dropped to normal on February 16th. The pulse gradually became more steady and on February 16th it was 80.

On January 28th the white count had dropped to 1350. The differential count showed 44 neutrophiles, 12 of which were of the immature type, 49 small lymphocytes and 7 eosinophils. With the use of the pentnucleotide, there was a decided improvement in the white count and on January 29th it was 2300, on January 31st 4450, February 2nd 800, February 4th 3550, February 6th 5500, February 7th 6880, and on February 16th, 8150. At this time the differential count showed 68 per cent neutrophiles with 8 immature cells, 28 small lymphocytes, 3 transitionals and 1 eosinophil. The hemoglobin was 80 per cent and red cells 4,170,000. On March 15th, the count showed 84 per cent hemoglobin, 4,300,000 red cells and 6250 white cells with 30 small lymphocytes and 70 neutrophiles, of which 1 was immature.

The numbness of the legs and hands and the weakness of the extremities gradually became more marked and on February 16th he was unable to use the hands or to stand without aid. There was a marked foot and wrist drop. The patellar reflexes were absent. There was some atrophy of the small muscles of the hands and of the calf muscles. During the early part of his illness, he noted some aching in the calf muscles and some cramping in the hands, but this gradually subsided. On March 26th he presented a typical picture of multiple peripheral neuritis, but since then there has been a gradual improvement. The sensation has returned to the hands, and to a large extent, to the legs. He is able to use the hands better but still has rather marked weakness of the ankles. He is able to stand but requires aid in walking.

Comment

Due to the recent attention that has been given to the action of the barbiturates and amidyprine preparations on the white count and in the production of neutropenia as reported by Madison and Squier (1) and by Hoffman (2), a careful inquiry was made into the treatment this patient had received previously but there was no history of the use of any of these preparations.

The pentnucleotide was used in the treatment of the neutropenia because of the favorable results that had been reported by Jackson and his associates (3) and because of the lower mortality rate that was noted by Doan (4) in comparison with other methods of treatment.

This case presented the typical findings of an agranulocytic angina but was unusual because of the complicating multiple peripheral neuritis. The marked inflammation of the throat was evidently the source of the toxins which produced the neutropenia, while at the same time affecting the peripheral nerves. It is possible that if the condition had been recognized earlier and treatment instituted at that time, the damage to the peripheral nerves might have been avoided.

1. Madison, F. W., and Squier, T. L.: The Etiology of Primary Granulocytopenia (Agranulocytic Angina), J. A. M. A. 102: 755-759 (March 10) 1934.

2. Hoffman, M. D., Butt, E. M., and Hickey, N. G.; Neutropenia Following Amidypyrine, J. A. M. A. 102: 1213 (April 14) 1934.

3. Jackson, H., Parker, F., Rinehart, J. F., and Taylor, F. H. L.; Studies of Diseases of the Lymphoid and Myeloid Tissues. VI. The Treatment of Malignant Neutropenia with Pentose Neucleotides, J. A. M. A. 97: 1436-1440 (Mar. 14) 1931.

4. Doan, C. A.: The Neutropenic State, J. A. M. A. 99: 194-202 (July 16) 1932.

* Submitted for publication August 9, 1934.

FIVE UNUSUAL PARALYTIC CASES FOLLOWING GASTRO-INTESTINAL DISTURBANCES*

W. B. GRAYSON, M. D.
State Health Officer
and
GORDON HASTINGS, M. D.
Assistant State Health Officer
Little Rock

On December 27, 1933, all members of a negro family of five, living on a cotton plantation in southwestern Arkansas, became acutely ill with signs of gastro-intestinal disturbances. In this group were three females, ages 9, 15 and 60 years; two males, ages 12 and 25. According to the history all of these patients became ill simultaneously, complaining of nausea, vomiting and severe abdominal cramps, though no diarrhea was encountered. For economic reasons and because of remoteness from medical facilities, a physician was not summoned during the period of acute illness. As symptoms of severe gastro-intestinal irritation disappeared, representing a latent period of approximately six days, there developed among the group a general feeling of improvement, though all experienced a rapidly progressing sensation of numbness and tingling of their extremities. Upon attempting to use their arms and legs muscular weakness was apparent which, within a period of from 24 to 48 hours, reached its height, leaving all five patients with an identical flaccid paralysis involving all extremities. It was during this alarming stage that a physician was called.

Believing an exogenous poison responsible, a careful inquiry was made of the dietary with results essentially unreliable, though it was said to have included fresh, thoroughly cooked pork, chitterlings, chili, biscuits, candy, apples and "bubble" chewing gum. The older of the two males slaughtered and dressed a hog the day following Christmas, and to this animal the family attributed all responsibility for their misfortune. A large portion of the meat was given neighbors though illness was confined to the one family. A neighborhood rumor among the "darkies" placed guilt on the negro boy for stealing corn to fatten his hog from a white farmer who, repeatedly missing corn from his crib, became incensed, and in order to assign responsibility poisoned some of the corn with arsenic. An investigation failed to confirm the rumor.

* Submitted for publication September 7, 1934.

On examining these patients the attending physician was of the impression that he was dealing with a peculiar malady the nature of which he was quite uncertain. Consultation was thus sought resulting in visits by a total of seven physicians, including a neurologist and the authors, the latter present because of possibilities of the condition being a menace to public health. Unfortunately, the patients were not subjected to complete physical examinations until twelve weeks after all of their acute symptoms had subsided. Most regretful was the failure to collect specimens for complete laboratory examination when such would have been of great diagnostic value.

Physical examination of the group revealed the special senses to be essentially normal. There was no endocrine disturbance; facial muscles symmetrical; no deviation of tongue; eyes showed no affection of extrinsic muscles; pupils equal, regular and reacted to light and distance; Rhomberg positive. Limbs showed partial bilateral paralysis with wrist and ankle drop; atrophic changes in all muscles of extremities, particularly the thenar group. There were no marked vaso-motor changes, neither cyanosis, dermographia, edema nor blotching. The upper and lower tendon reflexes were absent. With exception of the extremities, physical findings were generally normal. Spinal fluid and blood sera were negative. The partial paralysis, definitely flaccid, was without diversified localization, and at no time during the course of the illness were there gradations in severity of any of the symptoms.

Upon studying the literature we have been unable to discover a similar outbreak affecting all members of a family. Multiple cases of anterior poliomyelitis do occur, though it would be quite unusual for five to become ill at the same time and with identical severity. There was also an entire absence of poliomyelitis in this area. In many respects these cases remind one of the flaccid paralysis patients encountered in 1930-31 when the intake of Jamaica ginger contaminated with triorthocresyl phosphate was held definitely responsible. One physician suggested the possibility of botulism, though this may be dismissed since none of the patients developed any of the several constant findings characteristic of this type of food poisoning. The probability of either arsenic or lead as the offending agent must be considered, though at no time during the course of the illness did any of the patients show uniform evidence of these chemicals. All were affected during Christmas

at a time when feasts are customary and placing of responsibility was difficult.

Being impressed with the potential public health importance of these cases and the urgency of establishing a diagnosis ,if possible, one of us (G. H.) sought advice from: Doctors G. W. McCoy, Director of the National Institute of Health, Simon Flexner, of the Rockefeller Institute for Medical Research, J. P. Leake, Senior Surgeon of the U. S. Public Health Service, Edwin O. Jordan, Professor of Bacteriology, University of Chicago, and John F. Anderson, Director of the Biological Department, E. R. Squibbs & Son and Former Director of the National Institute of Health. It was hoped through this correspondence to procure the trend of thought from leading authorities and insofar as possible hazard a diagnosis. Their comments were uniformly in favor of the hypothesis that a chemical poison of a highly specific nature was responsible and of the extreme unlikelihood of infantile paralysis. Dr. M. I. Smith, of the Public Health Service, to whom the correspondence was referred by Dr. McCoy, stated:

"The only known chemical agent that can explain satisfactorily all of the above points is triorthocresyl phosphate, the substance which was responsible for the outbreak of ginger paralysis in 1930-31. The only point that remains to be explained is how this substance could have been ingested at the late date of December, 1933."

THE INDISCRIMINATE USE AND RENTAL OF RADIUM

Resolution adopted by American Radium Society at Annual Meeting, Cleveland, June 12, 1934; also adopted by American College of Radiology, June 12, 1934.

WHEREAS it is now recognized that radium has been demonstrated to be of definite value in the treatment of disease, and

WHEREAS some States and many communities in the country have little or no radium available, and

WHEREAS funds are not always available for the purchase of suitable preparations of radium for use by those physicians who are qualified in radium therapy, and

WHEREAS we recognize that radium is an agent quite as potent for doing harm as for doing good when used without sufficient skill or training and with the hope of protecting the uniformed public from serious and irreparable injury from improper and insufficient treatment.

BE IT RESOLVED that we consider it improper, unethical and detrimental to the science of Radiology and to the good of suffering humanity for commercial laboratories to attempt to give advice or directions as to the use of radium in the case of a patient whom the person giving that advice has not even had the opportunity to examine. In other words, it is just as difficult to give such advice and directions as it would be for a surgeon to give directions for the use of rented surgical instruments so that an untrained physician might attempt an operation. Various commercial companies advertise both in the Journals and through the mails, medical advice for the purpose of making sales or renting radium or radon. This places these corporations in the field of practicing medicine.

BE IT RESOLVED that the same criticism be applied to institutions which rent or furnish their radium to those members of their staff or outside of the staff who are unskilled in radium application.

RESOLVED that the same criticism applies to many individual owners of radium.

RESOLVED that we regard the approval of the National Board of Radiological Examiners as the minimum standard for those assuming the responsibility for using radium. We recommend as wide publicity of this Board's existence and approval as is possible to the public, consistent with ethical practices, as the most effective safeguard which can be afforded them.

RESOLVED that we recommend the refusal of advertising matter in National and State Journals when the companies concerned are advertising a Medical Consulting Service or are advertising such service through the mails in connection with their sale or rental of radium.

RESOLVED that we disapprove of any doctor's acting as a Consultant to a commercial company carrying on such a campaign of public or private advertising and that we consider such an association sufficient grounds to warrant disbarment from the approval of the National Board of Radiological Examiners.

RESOLVED that we recognize the ethical commercial company as a necessity. It is the advertised Consulting Service that is at fault. It is recognized that such restrictions on the advertising of a Medical Service will in no way hamper properly qualified Radium Therapists in obtaining adequate supplies of radium or radon for the purposes in which they are qualified to employ it.

RESOLVED that we approve an informal Medical Consultant for the guidance of those commercial companies who refrain from advertising such professional service, either publicly or privately and that in such case their informal Consultant be one approved by the National Board of Radiological Examiners.

A DOCTOR NEEDS A GARDEN

VERA BLOOD FLETCHER
Hot Springs National Park

(Reprinted form The Denver Post.)

Complaining patients fill his day
And most of them too poor to pay!
But far away from office clocks
He plants a garden in the rocks;
Where iris bloom so straight and tall,
Wistaria climbs the garden wall.

No white coat here! His old blue shirt
Is torn and faded—streaked with dirt!
But as he trains a climbing rose
He sees a baby's puckered nose.
A father's thanks . . . . a mother's smile
Are things that make his day worth while.

PRESIDENT'S PAGE

Season's Greetings

TO THE MEMBERS OF THE MEDICAL PROFESSION OF ARKANSAS

It is with much pleasure that I greet you on the coming joyous occasion; this is a season of the year that is marked by good cheer and good will toward all our fellowmen and reminds us, as medical men, of our universal duty to spread health, happiness and good cheer to all mankind and especially to our associates in medicine.

It is also a time to review our acts of the past twelve months. Have we made the paths of the sick and afflicted, the weary and care-worn, any the easier? Has our advice been such as to alleviate their burdens, have we been sufficiently diligent in our efforts to lighten the loads of those unable to help themselves?

I have enjoyed in no small measure the social contacts made and the splendid scientific programs heard at the different meetings which I have been privileged to attend, and feel that I have been greatly benefitted by them. It is by such contacts and the presentation of these programs, that we will become better organized, better able to act more thoroughly as one unit, and have a greater respect and higher regard for the opinion of one for the other. When we shall have reached that stage of tolerance with a co-operative and understanding sympathy for our fellow practitioner, we shall have reached a stage in our development when we will be most useful in our relief of the sick and afflicted and those most needful to be advised; to such a happy end we strive.

May the Supreme Architect of the Universe, the Giver of all good and perfect gifts, be with, guide, and protect you and yours.

Sincerely yours,

F. O. MAHONY, M. D., F. A. C. P.

THE JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

The Journal extends the Season's Greetings to the members of the Arkansas Medical Society, its advertisers and exchanges, and wishes all health, happiness and prosperity in 1935.

EDITORIAL

ELECTION OF OFFICERS

During this month the majority of the county medical societies will elect officers, a most important privilege of the membership. Too much emphasis cannot be placed upon the necessity for selecting interested, active and willing members for all official positions. This is especially true in these times when the full strength of organized medicine must be maintained in order that the many pressing problems of the profession may be courageously met and satisfactorily solved. Developments of the past year have shown that individual effort will not serve for the solution of these problems, but many of them can be met successfully if the individual effort is coordinated with that of the group into organized activity. Obviously, physicians will be tremendously handicapped unless they are properly organized and their county societies function at a peak efficiency. The county medical society which lacks aggressive and judicious leadership is destined for a record devoid of accomplishment and such influence as it may exert may even be destructive to the best ideals of medical organization.

Election of officers is a serious obligation. It is not the occasion for the passing around of honors but rather the opportunity by which those who are qualified and willing to serve may be made available for the leadership which is so urgently needed today.

SICKNESS INSURANCE

Members of the Arkansas Medical Society are urged to carefully read the American Medical Association bulletin appearing elsewhere in this issue. This deals with sickness insurance and indicates the thoroughness of the campaign which the proponents of this plan of medical care are waging in their efforts to force the system upon the people of the United States. The Journal believes that most of the citizens of this nation would resent any system which would deprive them of the right of free choice of a physician. Certain it is that present experience with medical care under governmental regulation has proved anything but a boon to the private practitioner; it is unlikely that a more complete extension of the plan would prove satisfactory to even a small minority of physicians. Space does not permit a discussion of sickness insurance, or of state medicine. Opinion of those outside of medical organization has been forcibly stated in a periodical which is itself opposed to medical

therapy. 'The tentative plan of 'state medicine' as recently outlined by the Milbank Memorial Fund proposes that the American population, including 62 per cent which the fund's spokesman says receive no medical, dental or eye care of any kind, shall be coerced into supporting financially and yielding physically to the domination of a group of state-employed men. It is difficult to understand why every citizen * * * * should be compelled to comply with such a regulation. Incidentally, it is strangely foreign to the legend of the family doctor, who worked under the motto, 'To each according to his need; from each according to his means.' The source of this desire for state medicine is not the medical profession. Its members have not sought this process of regimentation. **The profession will not be regimented if each member will do that which he rather passively hopes will be done for him by others; take steps to arouse public opinion, each in his own circle of contacts.** (Boldface ours—Ed.) The very confidence which the individual physician arouses in his patients, will, in the aggregate, prove the greatest menace to this insidious propaganda. In addition to individual effort, organized, co-operative measures are essential. Organized medicine has a potential influence sufficient to drive its opponents to cover. Whatever may be the outcome of this campaign to institute state medicine, the result will be chargeable to the profession; its defeat, to co-operative intelligent activity; its establishment, to a greater or lesser passivity. The responsibility is direct; the challenge clear. The medical profession must solve medical problems; it alone has the intimate knowledge which can furnish an intelligent and happy solution." The Journal commends these thoughts to you for your individual and organized effort.

EDITORIAL COMMENT

Of general interest to physicians who are rendering service to persons on relief rolls is the opinion of legal counsel regarding liability incurred by such a physician who declines to further treat a person for whose treatment no additional authorization is furnished by the relief administration. The opinion follows: "If a physician finds it desirable to withdraw from a case, he must give the patient reasonable opportunity to secure other medical service. Cases have gone to our Supreme Court where a physician, during the course of treatment, learned he could not expect payment; he advised the patient that provision must be made for his remuneration or he would withdraw after reasonable notice, and it was held that the physician was within his rights. A physician is not required under our laws to give his services gratis merely because he has performed some services in the case."

The recent perusal of a leading British medical journal[1] has afforded an insight into some of the difficulties of the panel practice of medicine in England. In this one issue are discussed the legal action of one physician against another arising from alleged slanderous statements of the second physician in his attempts to secure removal of the first physician's patients to his panel. Damages in the amount of fifty pounds were awarded the aggrieved doctor. There is a spirited editorial on the growing habit of hotel keepers and the like who have endeavored to induce employees to change from their chosen practitioner to the physician serving the hotel. Illustrative of the manifold "paper" technicalities of the insurance act is the account of the physician who was called in an emergency to see the patient of another physician whose telephone was busy and thus he could not be called. In this instance, the second practitioner was obliged to present his bill for services first to the local panel committee, who rejected it on the grounds that sufficient effort had not been made to obtain the customary physician of that family. On appeal to the national panel board, the practitioner's right to the emergency fee was sustained. To obtain this small fee it was therefore necessary for the physician to appear before a governing committee on two occasions, with what loss of time and expense we may guess. In a second case recounted, a physician was called to see a dying patient. Events subsequently showed that the regular practitioner had called only a short time previously, assuring the family that nothing could be done and had departed. The second physician, unfamiliar with this state of affairs, had made an emergency call in good faith. The question of the payment of fee was argued through both panel committees with final rejection.

[1] Lancet, July 7, 1933.

No less an author than Rex Beach has turned out what is most appealing copy favoring the newest contribution to faith healing—Mahlon Locke. This article, appearing in a periodical of popular distribution, is in the nature of a follow-up study of opinions formed on a visit two years previously. It has apparently caused the gullible American public to trod well the

path to the doors of their newest mystic shrine of health. This same author, well-remembered for his virile works, as 'The Ne-er-do-Well," it may be parenthetically remarked, has stated in testimonial form that a certain popular cigarette restores the energy which he loses after an encounter with a game fish. It is to wonder if he carried an extra supply of this brand across the customs when planning this second series of interviews.

Locke's treatment, we are informed, consists in the simultaneous, perhaps we should say successive, receipt of a dollar bill and the patient's feet; the dollar bill to Locke's pocket, the feet to his lap. The feet are bent downward and outward and the patient moves on, cured or relieved, we are led to believe, of arthritis, infantile paralysis, anklyosed spines, and blindness, which according to time-honored formula, could not be cured by medical science. It is obvious that barring possible benefit such as might be received from a masseur, the treatment is entirely psychologic with the added therapeutic benefit of the "laying-on-of-hands." To quote Morris Fishbein (1): "The activities of Dr. Locke are a burlesque on the scientific practice of medicine. His promotion is a violation of every traditional, ethical tenet! There are some who say that even psychologic relief for the chronic arthritic patient is worth while, regardless of the means by which it is accomplished. The reaction on the scientific practice of medicine and the chagrin and disappointment of those seriously sick do not permit this laissez faire attitude. Moreover, many a person who might be benefitted by scientifically applied physical therapy and by competent orthopedic surgery is spending hard-earned money to make the long trek to Williamsburg in search of a pot of gold which those at the end of the rainbow are consistently saving for themselves."

1—J. A. M. A., October 13, 1934.

LILLY RESEARCH LABORATORIES FORMALLY OPENED

More than a thousand investigators and research workers were present at the formal opening of the new Lilly Research Laboratories at Indianapolis on October 11. At the formal opening exercises, in the afternoon, Eli Lilly, head of the Lilly organization, presided as chairman. Mr. J. K. Lilly, chairman of the board of directors, was introduced and responded briefly on "Research in Manufacturing Pharmacy." Following Mr. Lilly's remarks, Dr. Irving Langmuir, director of research for the General Electric Company, discussed "The Unpredictable Results of Research." The speaker stressed the point that fundamental research should be pursued by industrial corporations regardless of any immediate possible commercial return therefrom.

Sir Frederick Banting then talked on "The Early History of Insulin." He gave an account of the early experiments conducted by Dr. Best and himself which first demonstrated the existence of Insulin, and expressed his great appreciation of the co-operation which he and his associates had received from the staff of the Lilly Research Laboratories in the development of a practical, large-scale procedure for the production of Insulin.

Sir Henry Dale, director of the National Institute for Medical Research, London, and secretary of the Royal Society, spoke of the immediate objectives of research in such laboratories as those of Eli Lilly and Company, and of their natural and proper differences from those of the laboratories supported by academic or public endowment. It was his thought, however, that the differences in result for the progress of medical science are often more formal than real.

According to Sir Henry, the change that has taken place in the scope of pharmacy has a revolutionary aspect. He cited the fact that pharmacy not very many years ago was predominantly concerned with the traditional drugs that had come into use through empirical observation. Even though with the years had come new additions from time to time, the therapeutic outlook and attitude had changed but little for centuries.

"The transformation of the whole aspect of one disease by the discovery of Insulin has attracted a more general attention," said the speaker, "than almost any other advance in medical science within our time." He was of the opinion that this discovery might be considered indicative of the wider progressive change in therapeutic method, based upon new knowledge of the causes of disease and aiming at the removal of those causes.

The speaker expressed the thought that looking at the change as a whole, one might distinguish two main contributory factors.

The first of these was the recognition of infections as due to the invasion of the body by living micro-organisms. It is a commonplace, he said, that preventive medicine was born of this discovery, that it gave a new direction to the therapeutics of infective diseases, in the search for remedies specifically killing or limiting the growth of the infecting micro-organisms or specifically neutralizing the poisons which they produce in the infected body. A few of the older remedies, indeed, according to the speaker, owed their value to an unconscious application of such specific actions for the control of infective organisms which modern research has since identified: cinchona, ipecacuanha, mercury, and the iodides. Contrast with this, he said, the resources of modern therapeutics, with its range of antitoxins and bacterial products, and its growing list of new synthetic compounds discovered as the result of deliberate and organized search for substances which shall be harmless to the infected patient in doses which kill or prevent the multiplication of the infecting organism. A new and exactly chemical basis for these mysterious phenomena of immunity is even now being built, according to Sir Henry, the synthetic production of artificial specific remedies for infection which has, in the course of some twenty-five years, given us arsphenamine and other organic arsenical compounds such as tryparsamide; various derivatives of antimony; and complex organic substances related to the dyestuffs on the one hand or to natural alkaloids on the other. These synthetic substances may be properly classed with the antitoxins and other antibacterial substances, as artificial and natural agents for

the removal from the body of harmful invaders from without.

A second principal factor in this change in therapeutic outlook may be found in the recognition of diseases due to the lack of substances normally present in the body. Modern therapeutics, he said, can show no triumphs more brilliant than those which have followed the discovery of methods of preparing a number of glandular products in a state of sufficient purity to enable them, by artificial administration, to correct an abnormal deficiency.

It would be possible, he said, to regard this remarkable change in therapeutic outlook and method simply as one phase in the general scientific development which has transformed a whole range of human activities in a generation. He felt that if we look for a particular rather than a general cause, we shall find it in the rapidity with which chemical knowledge and ideas have, in this same period permeated the whole of medical and biological science.

The newer developments have but little relation to the art of the individual pharmacist whom our fathers knew, said the speaker, but we must resign ourselves, as in other spheres of human activity, to the loss of the individual art in exchange for scientifically organized production. In fact, he continued, in order to meet these novel, various, and expanding demands of modern therapeutics, pharmacy has to become one of the most highly organized departments of scientific manufacture, covering an extraordinary range of expert knowledge and equipment. He cited, in addition, a much more fundamental requirement, calling particular attention to the need for research undertaken in the spirit of free inquiry, often with no immediate practical aim or any probable result other than the increase of fundamental knowledge.

The speaker paid tribute to Eli Lilly and Company for their high rank among industrial organizations which have supported scientific research for its own sake and because they have known how to value the spirit which is engendered when scientific workers are given a wide freedom.

PROCEEDINGS OF SOCIETIES

The Southeast Arkansas Medical Society elected the following officers at the October meeting held in Lake Village: President, H. T. Smith, McGehee; Vice-President, J. S. Wilson, Monticello; and Secretary-Treasurer, M. C. Crandall, Wilmot. The meeting was addressed by Drs. E. H. White, Little Rock, and C. A. Rosenbaum, McGehee.

The Tri-County Clinical Society met at Arkadelphia October 25th for the following program: "The Injection Treatment of Rectal Prolapse," T. N. Black; "The Importance of Changes in the Visual Field," O. H. King; and "The Significance of Cardiac Murmurs," A. G. Sullivan, all speakers from Hot Springs National Park.

C. K. Townsend, Secretary.

Crawford County Medical Society met October 23rd for the following program: "Sane or Insane," F. G. Engler, Mountainburg; "ERA Medical Relief Plan," S. J. Wolfermann, Fort Smith.

S. D. Kirkland, Secretary.

The First Councilor District Medical Society met at Jonesboro October 24th and elected the following officers: President, Ira Ellis, Monette, and Vice-President, R. H. Willett, Jonesboro. The following program was presented:

"Obstetrics at the Bedside," H. R. McCarroll, Walnut Ridge.

"The Variability in Symptoms and Treatment of Encephalitis," R. C. Bunting, Memphis.

"The Dysenteries with Reference to Sodium Thiocyanate in Their Treatment in 1933 and 1934," L. D. Massey, Osceola.

"Infections of the Hand," Geo. Lewis, Little Rock.

"Symptoms and Diagnosis of Heart Disease," S. C. Fulmer, Little Rock.

"Diphtheria," J. E. McGuire, Piggott.

The next meeting will be held at Monette.

R. M. Sloan, Secretary.

The Benton County Medical Society met at Siloam Springs November 8th, the guests of Dr. and Mrs. L. L. Scott for dinner. Speakers were: Drs. L. M. Henry, "The Differential Diagnosis of Common Ear Conditions," and F. H. Krock, "Carcinoma of the Cervix."

The following program was presented at the meeting of the Sebastian County Medical Society held November 13th: Symposium on Duodenal Ulcer—Medical Aspect, S. J. Wolfermann; Surgical Aspect, F. H. Krock, and Roentgenological Aspect, W. R. Brooksher.

J. W. Amis, Secretary.

The Ouachita County Medical Society was addressed at its meeting November 7th by Drs. D. E. White, F. O. Mahony, A. D. Cathey and G. D. Murphy, all of El Dorado.

COMING MEDICAL MEETINGS

Radiological Society of North America, Memphis, December 3rd to 7th.

Ninth Councilor District Medical Society, Harrison, December 4th.

Eighth Councilor District Medical Society, Little Rock, December 5th.

Medical Association of Missouri Pacific Railroad, New Orleans, January 25, 1935.

Dallas Southern Clinical Society, Dallas, March 18th to 25th, 1935.

Arkansas Medical Society, Fort Smith, April 15, 16, 17, 1935.

PERSONALS AND NEWS ITEMS

Dr. and Mrs. F. J. Scully, Hot Springs National Park, took a vacation cruise to Central America and Cuba in October.

"Oxygenated Blood in Transfusion" by S. F. Hoge, Little Rock, appears in the October issue of "The Mississippi Doctor."

The 1934 Christmas Seal of The National Tuberculosis Association, reproduced elsewhere in this issue of "The Journal," commemorates the fiftieth anniversary of the building of the cottage that became the nucleus of Trudeau Sanatorium, Saranac Lake, N. Y. Among the county chairmen for the 1934 Seal sale in Arkansas are: B. H. Hawkins, Polk County, Mena, and S. C. Fulmer, Pulaski County, Little Rock.

M. F. Lautman, Hot Springs National Park, has recently been elected a member of The American Committee for the Study and Control of Rheumatic Diseases.

F. W. Carruthers and H. W. Hundling, Little Rock, addressed the October meeting of the Lonoke County Medical Society.

The following were elected officers of the Tri-State Medical Society in Shreveport: L. J. Kosminsky, Texarkana, President; T. H. Jones, Magnolia, Vice-President; and G. E. Cannon, Hope, Councilor. The next meeting of the Society will be held in Texarkana.

Drs. A. J. Hamilton and W. G. Hancock, Rison, have been elected president and secretary respectively of the Cleveland County Medical Society.

J. S. Wilson, Monticello, and S. W. Douglas, Eudora, addressed the Lincoln County Medical Society October 5th.

With the death of Dr. A. G. Harrison, of Searcy, the firm name of Drs. Harrison and Hawkins will be dropped, Martin C. Hawkins, Jr., continuing in the practice of general surgery.

"Brucelliasis: General Considerations," by W. B. Grayson and Gordon Hastings, Little Rock, appears in the November "Southern Medical Journal."

Fellowships were conferred upon Martin C. Hawkins, Jr., Searcy, Earle A. Hunt, Clarksville, and Clyde McNeil, Rogers, at the recent convocation of the American College of Surgeons in Boston. Joe F. Shuffield, Little Rock, and J. K. Smith, Texarkana, attended the Congress as Fellows.

S. C. Fulmer and H. W. Hundling, Little Rock, addressed the Miller County Medical Society October 18th on "Symptoms and Diagnosis of Heart Disease" and "The Treatment of Toxic Goiter," respectively.

F. H. Krock, Fort Smith, was Guest Chairman at the Stomach Surgery Section of the Oklahoma City Clinical Conference October 29th.

J. A. Thompson, Dermott, has been elected President of the South Arkansas Singing Convention.

Alfred Hathcock, Fayetteville, addressed the pre-medical students of the University of Arkansas on October 23rd.

In attendance at the Oklahoma City Clinical meeting October 29-November 1st were: W. M. Blackshare, Hot Springs National Park; C. A. Churchill, Batesville; H. C. Dorsey and F. H. Krock, Fort Smith; F. C. Maguire, Augusta; E. C. Moulton and S. J. Wolfermann, Fort Smith.

"Obstetrical Difficulties" by S. B. Hinkle, Little Rock, appears in the October "Tri-State Medical Journal."

H. Fay H. Jones, Little Rock, was selected President of the Southwestern Branch of the American Urological Association at the meeting in Saint Louis in October. This Society is composed of urologists from the states of Arkansas, Colorado, Kansas, Missouri, Nebraska, Oklahoma and Texas.

Among those elected November 6th are: County Judge, Woodruff County, R. L. Fraser, McCrory; Senator, 27th District, H. B. Hardy, Greenbrier; Representative, Howard County, W. H. Toland, Nashville, and Johnson County, G. L. Hardgrave, Clarksville.

Dr. M. M. Blakely, Benton, suffered the loss of his left hand as the result of a dynamite explosion while working on his farm November 12th.

Byron L. Robinson and W. C. Langston, Little Rock, presented a scientific exhibit, "Castration atrophy and theelin: Effect of theelin on uteri of castrates," at the recent meeting of the Southern Medical Association.

B. A. Rhinehart, Little Rock, will present "Increased Irritability of the Gastro-intestinal Tract: A Discussion of Disturbed Physiology," at the meeting of the Radiological Society of North America in Memphis, December 3rd.

OBITUARY

EDWARD WALKER BLACKBURN, aged 59, died suddenly at his home in Ozark on October 31st, as the result of a heart attack. Dr. Blackburn had been in ill health for some time but his condition had not been considered serious, and on the evening prior to his death appeared to be as well as usual. He was born at Ozark, February 18, 1875, and was the son of Dr. Edward Blackburn, a pioneer Arkansas physician. He was a graduate of Cumberland University and of the Medical Department of Vanderbilt University in 1900. He had served as deacon of the First Presbyterian Church of Ozark for 35 years and as a teacher of the men's class for many years. For the past 15 years he had been a member of the board of trustees of the College of the Ozarks. He is survived by his wife.

AUXILIARY NEWS

MRS. D. W. GOLDSTEIN
Publicity Secretary
616 North Greenwood Ave., Fort Smith

The Obstetrical Pack Committee of the Women's Auxiliary of the Pulaski County Medical Society met Wednesday, October 10th, at the home of Mrs. D. M. Switzer. Attending were: Mrs. Anderson Watkins, committee chairman; Mrs. C. E. Oates, Mrs. J. B. Crawford, Mrs. W. E. Gray, Jr., Mrs. B. A. Bennett, Mrs. F. E. Hurrle, Mrs. C. C. Reed, and Mrs. W. H. Miller. Refreshments were served at the close of the meeting.

The Auxiliary of the Tri-County Clinical Society met October 25th in Arkadelphia at the home of Mrs. Charles K. Townsend.

Following dinner served to twelve members, an interesting program was given. Dr. Smith, director of the Clark County Health Unit, was present and gave an instructive talk on "Milk and Milk Products." An artist's program presented by Misses Elaine Broughton and Linda Webb of Arkadelphia concluded the program.

MEDICAL AUXILIARY LUNCHEON

Thirty-five members of the Woman's Auxiliary to the Pulaski County Medical Society attended the dutch treat luncheon Wednesday, October 17th, at the Peacock tearoom, opening the season's activities. Mrs. William Hibbitts of Texarkana, state president, was guest speaker. Mrs. J. B. Crawford, president of the auxiliary, presided.

Mrs. B. A. Rhinehart, Little Rock, addressed the members and guests of the Caddo Parish Auxiliary (Shreveport) at a luncheon given in honor of the wives of physicians in attendance at the Tri-State Medical Society meeting October 17th.

Mrs. L. S. Lippincott of Mississippi has written the following plea to auxiliary women of her state and your publicity chairman is asking each auxiliary in Arkansas to please use this suggestion:

"Co-operation is the key word of success. Your publicity chairman is helpless without the co-operation of every auxiliary in the state. You are not co-operating when you fail to send in news and clippings each month.

Help in every way you can with the key word, Co-operation."

The Bowie-Miller County Medical Auxiliary met with Mrs. H. E. Longino October 26 at 3 o'clock.

Mrs. Preston Hunt, president of the Texas Auxiliary, and Mrs. William Hibbitts, president of the Arkansas Auxiliary, gave reports from the state board meetings of Texas and Arkansas. Mrs. Hunt told of organizing an auxiliary in Tyler, Texas, while Mrs. Hibbitts has organized one at Walnut Ridge, Arkansas. Mrs. P. H. Phillips of Ashdown led the meeting. The subject was "Biographies of Outstanding Physicians."

A. M. A. BULLETIN

On October 12, 1934, I forwarded a bulletin to the secretaries of all constituent state and territorial medical associations. The first part of that bulletin, pertaining to the Committee on Economic Security, was marked "Confidential" for the reason that at that time we entertained some hope that the organized medical profession would be asked to be officially represented on the Medical Advisory Committee which is in process of organization by the Executive Director of the Committee on Economic Security. We have now received official information from Prof. Edwin E. Witte, Executive Director of the Committee on Economic Security, that in connection with the organization of the Medical Advisory Committee selections have been made on an individual basis without asking for nominations from any organization.

In a letter received from Professor Witte under date of October 13, written in reply to a letter from the Secretary of the American Medical Association, the following information is submitted:

1. The Director of the Bureau of Medical Economics of the American Medical Association will be invited to go to Washington to discuss "the economic aspects of the problems of medical care of people in very low income groups."

2. The Medical Advisory Committee now being organized will be composed of physicians selected on an individual basis. At the time Professor Witte's letter

was written, not all of those who had been invited to serve on the Medical Advisory Committee had replied.

3. The names of the prospective members of the Medical Advisory Committee would not be disclosed. (In a letter received from Professor Witte under date of October 22, it is stated that he hopes "to announce the Medical Advisory Committee in the very near future," and that he is "planning committees of consultants in the fields of dentistry, hospital management and public health.")

4. The Committee on Economic Security will be glad to have suggestions from the American Medical Association or its officers on any phase of its work at any time. (It is presumed that the Committee will likewise welcome suggestions from state medical associations or from the officers of those organizations.)

5. Professor Witte will make an effort to visit the offices of the American Medical Association "shortly before the New Year."

6. The assurance of co-operation extended by the Board of Trustees and officers of the American Medical Association are sincerely appreciated.

Accompanying Professor Witte's letter of October 22 is a mimeographed copy of an "Information Primer" of the Committee on Economic Security. This is not dated but was evidently released before October 13, since a statement based on this release appeared in the New York Times for that date. In the "Primer" it is stated that the report of the Committee on Economic Security to the President is due to be made on December 1, 1934, and will not be made public until released by the President. It is also stated that among the studies initiated by the Committee on Economic Security is one on "Provisions for Meeting the Economic Risks of Illness," and that Mr. Edgar Sydenstricker and Dr. I. S. Falk, both of whom are in the employ of the Milbank Fund, are in charge of this particular study. Professor Witte informs me that neither Mr. Sydenstricker nor Doctor Falk will be a member of the Medical Advisory Committee of the Committee on Economic Security.

Dr. Walter L. Bierring, President of the American Medical Association, has been invited to serve as a member of the Medical Advisory Committee and has accepted. The invitation was addressed to Doctor Bierring as an individual and not as President of the American Medical Association. I have heard that the President of the American College of Surgeons and the President of the American College of Physicians have received similar invitations, though this information did not come from official sources in Washington.

It seems reasonable to assume that the President of the United States, after the report of the Committee on Economic Security has been submitted to him on or about December 1, will decide whether or not plans for providing some system of sickness insurance will be included in the program of social insurance which it is reported he will submit to Congress.

A member of the last Congress, who is seeking reelection in the November elections, has addressed letters to physicians in Illinois in which it is stated that he has been informed that a bill providing for sickness insurance will be introduced at the next session of Congress. I am informed that similar statements have been made by other Congressmen. The Illinois candidate for Congress has asked physicians to give him the benefit of their views with respect to sickness insurance. Printed material dealing with this subject has been forwarded to him and to other candidates for election as Congressmen.

A letter received at the offices of the American Medical Association from the President of the National Congress of Parents and Teachers states that a letter from the Twentieth Century Fund was before the Board of the National Congress of Parents and Teachers asking that body to "endorse Pres. Roosevelt's plan of Health Insurance," and was rejected by the Board.

In the "Information Primer" released by the Committee on Economic Security, the following statement is made:

"Following the approach outlined by the President, the Committee is trying to draw up a comprehensive program which will give protection to the individual from all the vicissitudes and hazards of modern life—unemployment, accident, sickness, invalidity, old age, and premature death.

"It is, of course, not contemplated that this program shall go into effect in its entirety immediately, but it is planned to give Congress and the country a 'look ahead' as well as some recommendation for immediate action, to the end that there may be developed, from the outset, a unified plan for economic security."

It seems quite probable that no hearings on sickness insurance will be held under the auspices of the Committee on Economic Security. It is, of course, presumed that if any bill providing for sickness insurance is submitted to Congress, official hearings will be held by the committee to which such bill will be referred.

Since the American Medical Association and many of its constituent medical associations have gone on record in opposition to sickness insurance, it is extremely desirable that the views of the organized medical profession should be made known to members of Congress and to candidates for election as members of that body. It is suggested, therefore, that the officers of constituent state medical association and of component county medical societies and the members of the legislative committees of these bodies immediately develop plans for acquainting members of Congress and candidates for election to that body with the expressed official views of the organized profession in the United States pertaining to sickness insurance. Most of the members of Congress and all the candidates for election **are now at home.**

In the meantime, an earnest effort will be made further to inform the Executive Director of the Committee on Economic Security and the members of that Committee concerning the official attitude of the American Medical Association with respect to sickness insurance and the basis of the Association's opposition to any plan involving governmental control of medical practice.

Very sincerely yours,

OLIN WEST, Secretary,
American Medical Association.

Application blanks are now available for space in the Scientific Exhibit at the Atlantic City Session of the American Medical Association, June 10-14, 1935. The Committee on Scientific Exhibit requires that all applicants fill out the regular application form and requests that this be done as early as convenient. Applications close February 25, 1935.

Persons desiring application blanks should address a request to the Director, Scientific Exhibit, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

BOOK REVIEWS

Recent Advances In Allergy. By Geo. W. Bray, M. B., Ch. M. (Sydney), M. R. C. P. (London). Physician in Charge of Children's Department, Prince of Wales Hospital; Clinical Assistant, Asthma Clinic, Guy's Hospital, etc. Pp. 471 with 106 illustrations and 4 colored plates. 2nd edition. Price $5.00. Philadelphia; P. Blakiston's Sons and Co., Inc., 1934.

This book is all that its title indicates, and in addition, each important division is preceeded by an interesting and instructive history, proving that Allergy is by no means a new field.

In the preface, Dr. Bray states with pride that the English played a most important part in the pioneer work in allergy, but admits that priority in its application now rests in America.

Though giving an excellent review of progress to date, with no pet claims or theories of importance slighted, the author does not hesitate to express his own conclusions which are based on a wide actual experience. His work carries the conviction of an unbiased and an extremely well balanced estimation of allergy as an important field in medicine.

The subject is logically presented, starting with fundamental facts and theories of allergy, with a discussion of the physiology and pathology involved. The chapter on the Nasal Factor in Allergy, especially in its relation to sinus infection and asthma, is particularly definite and convincing. He shows clearly that nasal pathology is often due to allergy, but that allergic symptoms are not due to nasal pathology. The extreme variations in percentages of nasal pathology found by different authors certainly casts doubt on the soundness of our accepted methods of diagnosing nasal and sinus pathology. He also pays particular attention to recurrent, periodic bronchitis seen so commonly in children.

Besides respiratory allergy, major divisions are devoted to the recognition, diagnosis, and treatment of: Cutaneous allergy (flexural pruritis, eczema, contact dermatitis, urticaria, purpura, erythema multiforme, erythema nodosum, and dermatitis herpetiformis); Cerebral manifestations of allergy; Gastro-intestinal symptoms; Bacterial allergy; and Physical allergy. Some cardio-vascular and joint conditions are mentioned as possible allergic reactions.

A feature of the book which makes for clarity is the frequent summarization of important discussions.

—ALAN G. CAZORT.

Summary of Pennsylvania's Poor Relief Laws Affecting Care of Indigent Sick. A Digest of Laws and Practices with Supplements Discussing the Pennsylvania Plan for Emergency Medical Service to Those on Unemployment Relief and Pennsylvania's Work Relief Compensation Fund. Paper. Pp. 100. Harrisburg: Medical Society of the State of Pennsylvania, 1934.

This handy volume was prepared by the Medical Society of the State of Pennsylvania for distribution to persons interested in providing minimum adequate medical relief to the indigent. The methods used, the amounts paid, and suggestions for improvement are furnished by county reports. The poor laws of Pennsylvania are interpreted. Discussions are included of the working of the Emergency Relief Administration's services and of the Compensation Fund.

Practical Talks on Heart Disease. By Geo. L. Carlisle, M. D., Assoc. Prof. Clin. Med., Baylor University, Dallas. Pp. 100. Price $2.00. Springfield, Illinois: Charles C. Thomas, 1934.

In this volume the author gets away from the time honored and awkward classification of heart disease, such as mitral requrgitation, mitral stenosis, aortic insufficiency, etc., and speaks of the heart as a whole under varying pathological conditions. In other words he deals succintly with the hypertensive heart; the rheumatic heart; the arteriosclerotic heart, and the leutic heart. There is no attempt made to give the anatomy, physiology or pathology of cardiac disease, but rather the author gives us a picture of the patient himself as he suffers from these various heart affections.

The language used in the book is so direct, terse and clear that it is a relief for one to read it. Without having to wade through technical discussions and complicated electrocardigrams, basal metabolisms, etc., one is shown how a rather accurate diagnosis of cardiac disease can be made from a careful history, alert observation, and the painstaking use of simple procedures such as palpation, percussion and anscultation.

Treatment, as outlined by the author, is to be commended for its simplicity. Drugs are used only when indicated and the multiplicity of cardiac remedies found in our present materia medica is eliminated. If the reader gets nothing else out of the perusal of this book than the idea that altogether too much medication is used in cardiac disease, then it is a worthwhile contribution to our literature.

This little book gives practical advice as to how to handle the patient with tact and direct him toward leading a more comfortable and safer life. I feel that in view of our present day frequent cardiac disasters that it is worth while for physicians to study all factors that deal with heart disease.

While the author does not, in my opinion, give enough space to angina and coronary thrombosis, at the same time he sums up practically all of the present day knowledge of these conditions. I feel that this is a readable, handy volume for the general practitioner.

—S. M. GATES.

Surgical Clinics of North America: Issued serially, one number every month. Volume 14, Number 4. Chicago Number—August, 1934. 288 pages with 88 illustrations. Per clinic year February, 1934, to December, 1934. Paper, $12.00; Cloth, $16.00 net. Philadelphia and London: W. B. Saunders Company, 1934.

This issue of the clinics is started with a symposium on plastic surgery, interesting even to those physicians who do not practice this specialty. Koch, in dealing with burns, calls attention to the fact that "traction or fixation to prevent scar formation will, even when carefully applied, fail in its objective and may even be detrimental." Active full-range movements are encouraged and rewarded. An interesting case of transplantation of the toes to the fingers for cosmetic reasons is reported. A simple multiple state operation for hypospadias which does not require cystotomy is described. There is a discussion of whether or not kidney stones may be dissolved based upon a case in which there was roentgenological disappearance of the shadows after the patient had been placed on distilled water. This issue closes with another symposium, peptic ulcer, in which the thought is emphasized that this condition requires the team-work of all

specialists and no one singly. The efficacy of medical or surgical treatment should be checked, and can be determined, by the roentgen-ray. However, this method will not permit the determination of the activity or of the healing stage as presented by the ulcer.

I. F. JONES.

Cataract: Its Etiology and Treatment. By Clyde A. Clapp, M. D., F. A. C. S., Associate professor Opthalmology, John Hopkins University; Professor of Opthalmology, University of Maryland; Visiting Opthalmologist, Johns Hopkins Hospital and Wilmer Institute; Opthalmologist, University of Maryland Hospital. Pp. 266. 92 illustrations. Price $4.00. Philadelphia, Lea and Febiger, 1934.

There is a vast amount of material in this small volume. In short, it is a synopsis of the literature, with many comments and individual expressions of opinion by the author. The illustrations while few in number are adequate, well reproduced, and well chosen to fit the text.

The two opening chapters by Ida C. Mann on the embryology and comparative anatomy of the crystalline lens are not too technical for the average reader. The balance of the twenty-five chapters discuss all phases of the opthamologists' dealing with the crystalline lens. It is noteworthy that the chapters on treatment favor simplicity of technique in operative work. The information on cataract extraction complicated by a preceding trephine operation is rather hastily covered but it is commendable to find it discussed.

This book should appeal to all opthalmologists whether experienced or beginners, and to the research worker and writer it will be particularly useful because of a very complete bibliography totalling six hundred and sixty-six references to the literature.

—E. C. Moulton.

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CONSERVATIVE v. RADICAL SURGERY*

ISAAC G. JONES, M. D.
DeQueen

It has often been stated that the only justification for a medical paper is that it must present either (1) something new and unknown to the profession, such as a discovery, a theory, an observation or a deduction; (2) a new slant or a new interpretation of a well-known fact or subject; or (3) a repetition for emphasis of well-known facts that are really important, yet tend to be forgotten or neglected. I trust that this short paper will fall within the requirements of either the second or third of the above requisites, for it probably contains nothing new or unknown to the medical profession.

The mere mention of the word "radical" engenders in the average human mind an unfavorable, defensive reaction, whether it is applied to politics, religion, medical treatment, surgery or any other subject or human activity. To say of any man "he is a radical," on any line whatsover, is to place him without the pale of trust and confidence; sets him apart as one who should be watched by sane people. On the other hand, it seems that a vast majority of people, physicians and surgeons included, pride themselves on being conservative in all their views and actions. I hope that simply because I dare discuss both conservative and radical surgery that I will not be too severely discredited if I seem to lean to the radical side on certain matters.

Let us now consider what the term "radical" means when applied to surgery. The usual connotation of the term is in relation to the amount of tissue sacrificed at the time of operation. For example: extirpation of the gall bladder would be radical when compared to cholecystotomy; whereas, cholecystotomy would be radical when compared with nonsurgical drainage. Hence, the usual meaning and use of the term becomes relative. Any one procedure may be called radical only when compared with another procedure that is less radical from some standpoint, hence, more conservative.

How well I remember the first surgeon I ever saw tie the base of an appendix, cut it off, cauterize the stump and drop it back in the belly. I had been taught, and meticulously followed up to that time, invagination technique. At the time I saw this, I thought it was the most radical procedure possible and was surprised to learn that this surgeon's mortality and morbidity rates were as good as, if not better than, his more conservative colleagues. It was some time thereafter before I could get up enough courage to do likewise. We are prone, then, to classify as radical every procedure that differs in any minute detail from our own adopted, cherished, and therefore conservative **modus operandi.** Hence anything that we ourselves, do **not** do, or with which we are not familiar, we usually classify as radical.

Any surgical procedure is usually classified as radical when the patient dies. If the patient lives, we congratulate ourselves that we have done a wonderful job of conservative surgery. If the patient dies, we blame the death on "low resistance" of the patient and try our best to silence that devilish little mental "Jack-in-the-box" that keeps bobbing up asking the question: "Were you not just a little too radical in that case?" It matters not whether too much or too little tissue was removed, whether you used your own pet technique or the technique of some other surgeon whom you consider conservative, that operation was a radical operation because it did not conserve life. Again, in elective operations for the relief of certain symptoms as pain, any operation performed which does not relieve those symptoms would be a radical operation; whereas, any operation which sacrificed more tissue, yet relieved the distressing symptoms, would become the conservative procedure.

Any so-called conservative operation becomes a radical operation when it is necessary for the patient to undergo a second operation for some condition which would never have occurred had

* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock April 16-18, 1934.

the first operation been more radical from some standpoint. In this connection it occurs to me that the real leaders of surgery in their practice see principally two classes of cases. In their clinic work, they come in contact only with charity cases in whom the question of finances is not a matter of importance, even though the patient may be a breadwinner, for his dependents usually have access to material assistance through some relief agency. Neither is time a matter of importance, hence, a second operation would be a relatively small matter. The other class of cases with which the leaders of surgery usually deal is the wealthy class to whom finances are likewise not important, neither does time spent in the hospital matter very much. For these reasons, and others, the real leaders of surgery probably do not appreciate, to the fullest, the conditions faced by the surgeons handling the great middle class, the vast majority of their cases.

As time goes by and more and more surgery is done, it is quite evident that the basic principles of surgery, surgical judgment and technique tend, more and more, to change and improve in the surgery of every part of the human body, the female pelvis excepted. In this region the basic principles of surgery were formulated during the early days of surgery. While our surgical technique and judgment have undoubtedly improved, yet we go on from year to year conforming to certain prerequisites and principles laid down in those early days of surgery. In this special field of surgery there has always been in the past and still is, a hard, fast and unchangeable opinion in both the lay and professional minds as to what constitutes a conservative procedure in contradistinction to a radical regimen. In reading the writings of many of the real leaders in surgery who have stood apart and above their colleagues, I find they do not hestate to sacrifice normal, healthy tissue when the result of that sacrifice would be, in any way, advantageous to the patient from the standpoint of comfort, utility or happiness, especially when it involves any part of the human anatomy other than the female pelvis. For example, no surgeon would amputate a foot at the ankle joint but would sacrifice several inches of perfectly healthy tissue above the joint so that a better stump for the fitting of an artificial foot could be obtained. In doing this we are radical so far as tissue is concerned, but we are conservative from an economic, utilitarian and cosmetic standpoint. Yet, the same leaders when discussing surgery of the female pelvis all march proudly up to the so-called conservative line and there they stand flat-footed, refusing to budge one millimeter in the interest of comfort, utility, future happiness or peace of mind of their patients.

I am really at a loss for an explanation of this evident inconsistency unless, perchance, it is because this segment of the human body is the one and only portion thereof whose function has in any way been associated with the question of morality. When the realm of morality is entered, change and progress become slow. Perhaps the "Fathers of Medicine" were strongly influenced by the "Fathers of the Church." Theology quite early, in so-called civilized man's history assumed absolute control of all human relational and propagational questions. I often wonder just what the status of pelvic surgery would be today if in the past, and at present, purely scientific and biologic principles guided both the head and the hand of the gynecologist.

Certain quotations from surgical literature written by recognized surgical leaders are interesting in this connection. Howard Kelly in his wonderful work "Operative Gynecology" makes this statement: "The reason for conservatism (in pelvic surgery) is that it is the general attitude of all true surgery . . . conservatism is the highest aim in surgery." In my opinion this statement is absolutely true if properly construed. Kelly does not state specifically whether he means conservation of tissue, conservation of future comfort, peace of mind, economic status, or of future happiness. If he means conservation of tissue only, which I conclude from reading his text, I cannot agree with him.

Again, the same author says: "The pelvic organs are indelibly associated in a woman's mind with those fundamental differences between the sexes which impress upon the female organism all that is distinctive and peculiar in her attitude toward the world at large; and, with the healthy performance in her functions in the recurring monthly fluxes, ovulation and the possibility of conception, lie, though the woman may be unconscious of it, some of the deepest wellsprings of her happiness."

In this connection I have often wondered if any woman could enjoy her "wellsprings of happiness" when the family income is barely sufficient to feed, clothe and educate one, two, or three children when there are six, eight, or ten children, or the prospects thereof, who must be cared for on that same income. I can truthfully say that I have yet to meet the woman with as many as three children in whom the "possibility

of conception" was still a "wellspring of happiness."

In summing up this matter Kelly says: "Finally, the patient has an inalienable right to decide in all cases that her pelvic organs shall not be sacrificed under any possible complication of conditions which may exist, and the conscientious surgeon will always be inclined to abet her in her willingness to take some risks in order to preserve the functions of nature." If this be true, why then would not the conscientious surgeon likewise abet a woman in her desire to better fulfill her responsibilities to an already existent family which her judgment tells her is large enough. Here I am reminded of a recent case which came to my office during the writing of this paper. This woman is twenty-six years old, rather frail and delicate but very intelligent, the mother of two children, six and two years of age. One year ago she was operated by a prominent Arkansas surgeon, who, if I am not mistaken, is in this room at this time. This woman stated to me that she requested of this surgeon that he operate in such a way that she would be assured of no more additions to her family, feeling that two children were all to whom she could do justice under her economic circumstances. She further informed me that this surgeon bluntly told her that he would never be guilty of doing such surgery as it was against the most sacred tenets of the profession. At the present time this poor woman is living in mortal dread of another pregnancy. She consulted me for contraceptive information, which we all know is, at best, not one hundred per cent positive.

Even in as late and as splendid a work as Dean Lewis' work on surgery, in the chapter written by Faulkner is found this statement: "Pelvic surgery should always aim to preserve the reproductive and menstrual functions." By the use of the word "always" is maintained the inflexible attitude which is evident throughout all medical literature on pelvic surgery.

In Crossen's "Operative Gynecology," which is, in most matters, my own personal gospel, the first and foremost reason which he gives for conservative pelvic surgery is: "Preservation of the possibility of pregnancy." He further states: "Another point, sometimes overlooked, is that even though no pregnancy results from these efforts at conservatism, the simple fact that the patient may become pregnant, that pregnancy is still possible, conduces much to her peace of mind." I am somewhat at a loss to understand why so astute a mind as Crossen's fails to differentiate between nulliparous and multiparous peace of mind. According to this view the personal right of determination on the part of the woman is refused; yet her personal right of determination is preached in case she is willing to take added risks on the opposite side. Which all reminds me that consistency is a jewel, rare and seldom seen.

Always thus, I find the literature which it has been my privilege to read during the preparation of this paper. I fully realize the seemingly radical tendency of my position and the fact that ofttimes, "fools rush in where angels fear to tread." However, I am consoled somewhat by the knowledge that some times it is the crank who shows us the way. As has been stated before, when morality enters, progress is slow. For your thoughtful consideration I offer the following which, to a certain extent, may be said to express certain conclusions to which I have come.

1. The terms "radical" and "conservative" when applied to surgery are relative and may apply to the amount of tissue removed, present or past surgical customs, recognized surgical technique,, or final results of operation when results are considered from the standpoint of function, relief of symptoms or personal happiness.

2. Because of the so-called moral and social connections, pelvic surgery has not received the purely scientific and truly biologic consideration which it deserves.

3. Any sane woman has the same inalienable right to elect to sacrifice an organ or function as she has to retain the same and the truly conservative surgeon will accede to her wishes, all else being equal from the standpoint of the involved risk to her life.

4. Most women of today are intelligent and therefore capable of passing upon what is best for themselves from the standpoint of their own economic situation.

5. Conservative pelvic surgery of the future will consider more than the mere sacrifice of tissue. To be truly conservative it must consider also economic status and feminine peace of mind.

DISCUSSION

F. H. KROCK, Fort Smith: It is rather difficult to discuss a philosophical essay such as the one we have just heard, but I think all of us will have to admit that Dr. Jones has raised a number of excellent points, whether we agree with him or not. I think that the conservative attitude of the surgeon towards sterilization today probably results, in a large part, from the fact that we do a

large percentage of our work in hospitals under sectarian control and where rigid and irrevocable rules and regulations are laid down concerning the prohibition of any procedure which will interfere with child-bearing in any way. The attitude of the public and even of churchmen is undergoing a change concerning birth control. At present contraceptive information and devices are allowed to be sent through the mails. Recently there was a conference in Washington on birth control and the problem was taken up and discussed from various angles. Our leading gynecological periodicals of today are filled with advertisements of manufacturers of various controceptive devices. In Russia, which we regard as the acme of radicalism, abortion is legalized, and is a function of the State. It is evident therefore, that there is a changing trend of thought in respect to this problem. However, I believe that the physician, because of the peculiar place which he occupies in the community, must be rather slow in advocating this doctrine, as I discovered some time ago to my grief, when I helped to establish a birth control clinic for indigent women, physically or socially unfit to have further children. There was a great deal of unfavorable criticism because of the attempt to establish this clinic.

With reference to operations for the relief of injuries suffered during childbirth, I do not think the surgeon has completed his task unless he has taken some steps to prevent the recurrence of these injuries through subsequent pregnancies. I believe that this situation should be discussed frankly between the husband, wife, and surgeon before operation, and, if they wish to accept the responsibility of insuring the work of the surgeon, then the surgeon has no further obligation. But if, on the other hand, the family is sufficiently large and the patient asks the surgeon to take those steps necessary to prevent a recurrence and second operation, then I think it is up to the surgeon to accede to her wishes.

It is important when this is done that whatever is carried out should be performed in such a way that, if, in the future, under some special conditions, a pregnancy should be desirable or wanted, a restoration of the reproductive tract could be effected. This is important from a psychological standpoint and adds considerably to the peace of mind of the patient to know that this is possible should she desire more children.

D. E. WHITE, El Dorado: I enjoyed Dr. Jones' paper. Like Dr. Krock who just preceded me, I think it is rather a delicate subject and rather a difficult one to discuss. I also agree with Dr. Jones that the term "conservative vs. radical" is a relative term, when applied to surgery, and various meanings are applied to it by different individuals. I would surmise from Dr. Jones' paper that he thinks there is oftentimes justification for birth control from an economical and utilitarian standpoint, even tthough it became necessary to resort to ligation of the Fallopian tubes or salpingectomy. I believe that there are times under certain conditions when possibly we would be justified but, at the same time, a thing like that would have to be worked out very carefully by the conscientious physician and the case thoroughly investigated. In other words, it would not do to let down the bars, so to speak, and suggest this as a general rule. I believe it is the inherent right of any man and his wife, who have some two or three children and do not care to have any more, to so arrange if possible to prevent further pregnancies. This is a day of budgeting. I believe in their family budget they should decide how many children they want and in so far as possible not have any more. But I believe that you can resort to contraceptive measures a great deal of the time and prevent surgical interference. We have several contraceptive measures, with which I am sure you are all familiar. One in particular, the diaphragm and jelly method which, I think, is a very successful method. I have used that in my practice for something over three years and I have found it practically a hundred per cent successful where the directions are really properly carried out by the patient.

I enjoyed Dr. Jones' paper very much, and I am sure he gave us all something to think about in this time of depression.

T. M. FLY, Little Rock: I just want to say that one of the things I do not understand is, how Dr. Jones, or any one else, can tell what a woman really wants. She may think she does not want more children, and she really does want them. As Henry L. Mencken put this thing, when a woman finds out that she is pregnant, it ought to be her business whether she wants an abortion performed or not. That is what is called radicalism. I think very few people here will come out in the open and agree with him. I think on the other hand, 99 per cent of the people here will agree with him silently.

DR. JONES, in conclusion: I may not have lived as long as some of my colleagues, but I wonder where they think I got these gray hairs. I appreciate very much the liberal discussion my paper has had. I simply want to call attention again to the fact that I stressed the idea that the terms "radical" and "conservative" are merely relative. Also, I want to call attention again to the fact that I merely suggested the right of determination on the part of the patient, which is consistency in our actions. If we insist on the right of determination to take added risks, why are not we consistent, giving the woman the right of determination on the other side of the fence. It has been said that this is a delicate subject. It is indeed a delicate subject, yet I add that it is an important subject. You will notice that I gave in my paper no discussion of technique or methods of operation. As I said in my preliminary remarks, it is simply a paper on trends; trends in surgery. I will say again that the trend is towards a little more radical surgery in the female pelvis if the patient so elects. I thank you.

RESOLUTION

Whereas, Dr. Elam H. Stevenson, an honored and esteemed member of this Society, beloved by all who knew him, passed into Eternity on November 20, 1934, be it

Resolved, That the Sebastian County Medical Society express its deep regret and sorrow and sense of loss in the death of Dr. Stevenson. We shall miss his cheerful presence and wise counsel. Be it also

Resolved, That the Society extend to the bereaved family our deep sympathy and that a copy of these resolutions be incorporated in the minutes.

ARTHUR F. HOGE, M.D.
C. H. KENNEDY, M.D.
Committee.

THE EFFECT OF QUININE ON THE SECOND AND EIGHTH NERVES*

J. G. MITCHELL, M.D.
El Dorado

In formulating a paper on the subject of "The Effect of Quinine on the Second and Eighth Nerves," I find the literature to be somewhat limited and meager. For this reason it has been necessary to consult the opinion and experience of some of my colleagues in addition to the literature. There seems to have been very little to appear in books or periodicals on this subject for the past ten or fifteen years.

It is an accepted fact that the two nerves in question are considered to consist of the most highly organized cells of the human body, the olfactory nerve alone excepted; consequently, it stands to reason that they would be more frequently affected by its use than those nerves with less highly-organized cells. We know quinine is a protoplasmic poison, and the object in its administration is to destroy the malarial organism without regard to its effect on the human organism.

I recently observed a female patient about twelve years of age in whom there was vision for form only existing. The drug had been administered in this case by the mother, and not upon the advice of the doctor, until visual disturbance appeared. Other than a general pallor I could not determine any abnormality in the fundi. The patient was of a rather neurotic family; therefore, I considered her to have an idiosyncrasy to the drug. On suspension of the drug, the vision became apparently normal in about two weeks.

I recall observing a patient in the Charity Hospital in New Orleans, with complete quinine amaurosis. This patient had taken the drug by unmeasured doses from a tablespoon over a period of some weeks. I regret that it was not possible to follow this case to the end. It is evident that this was of quite frequent occurrence some fifteen to twenty-five years ago before very much was known about the life-cycle of the malaria plasmodia and before intravenous medication was used in smaller and more accurately administered doses at selected intervals before the anticipated paroxysm. And, too, at that time there was more or less self-medication in unmeasured dosage by the uninformed public.

From an anatomical and clinical standpoint, about eighty per cent of all writers give practically the same version of the production of amblyopia; that is, an ischemia of the retina with pronounced narrowing of the retinal vessels and consequent degeneration of the ganglion cells. Some hold that the retinal condition extends on into the optic nerve proper ending in an optic neuritis. Both De Schweinitz and Holden have observed practically this syndrome in experimentation with animals. De Schweinitz gives the account of a patient developing amblyopia from as small amount as 12 grains. Dr. Scully has noted after continuous quinine use various degrees of contraction of the visual field and disturbances of color vision. In fact, practically all writers mention this phase of its effect. It is claimed that complete amaurosis may come on very suddenly and may be somewhat transient. It has been noticed that quite often the vision will increase when the patient lies down. This supports the theory of ischemia; providing the ischemia does not last too long, thereby depriving the ganglion cells of their nourishment, vision will return in varying degrees; of course, in proportion to the structural damage done.

EFFECT ON THE EIGHTH NERVE.—It is not infrequent to have a patient come in the office and say, "Doctor, my hearing has not been good since I had malaria and took too much quinine." Or, he might say a certain doctor gave him too much quinine. It is my experience, however, that the majority of these patients will fall into the progressive type of deafness, the etiology of which is not well known; or to some previous middle ear lesion; although I am of the opinion that a few of such cases are due to the effects of quinine on the auditory nerve. We are all well aware of the constancy of the one symptom of tinnitus, with slight deafness following the usual therapeutic dosage. One might say that this is the result of all who take quinine. Under continued use the deafness may be almost complete.

It is not well understood just how deafness is produced. Some writers claim that an anemia is produced; others, a hyperemia; and by others it is thought that a direct action is exerted on the nerve structure. If the quinine administration is continued, permanent deafness may result either from degenerative changes in the spiral ganglia of the cochlea or from a chronic otitis media arising from the continued congestion.

It might be comforting to those who entertain the school of thought that quinine produces an

* Read before the Fifty-ninth annual session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.

ischemia in the labyrinth, that it is used in Meniere's syndrome, which is taught by some to be accompanied by a state of hyperemia. Dr. Fletcher states that he has observed good effects by its administration in Meniere's syndrome.

Dr. H. M. Taylor, of Jacksonville, Florida, published an article in the Florida State Medical Journal in 1933, putting forth investigations as to the possible causes of congenital deafness, which might be attributed to the use of quinine in the induction of labor. In doing so, he procured histories from several mothers who had taken quinine to induce labor, who consulted him in congenital deafness cases, and in these cases he found that in nearly all instances the mother had received from 10 to 30 grains of quinine during three hours prior to delivery. Therefore, he concluded that there had been considerable damage done in some cases by the administration of quinine to expedite labor. He mentions many instances of reports in the literature of fetal deaths following quinine induction.

CONCLUSIONS

(a) More care should be exercised in administering quinine to neurotic individuals.

(b) Undue quinine treatment should be abstained from in all industrial workers, more particularly trainmen and aeronautic pilots.

(c) Dosage to induce labor should be limited.

DISCUSSION

L. C. McVay, Marion: I have had cases that have been given quinine with the same effect that the doctor reported to us. But right here I believe I will report a couple of cases I have had recently that might be of interest to you. They were very interesting to me.

A Chinese woman was delivered a few days before of a fifth child. She had had malaria in the fall. I intended to give her ordinary quinine sulphate but she told me she could not take quinine, so I gave her two grains of quinine with one-sixth of a grain of plasmochin. She took one dose. She sent for me in about three hours after that, thinking she was going to die; I thought so, too. I made several visits to see her. She did not complain of any deafness, but she was not able to get her breath. She had two negro women rubbing her for itching and stinging of the skin. Her rash was severe. I gave her adrenalin immediately and it relieved her symptoms entirely but for only a short time. All her symptoms returned after a few hours. I made several visits before I was able to relieve her symptoms.

Another case was that of a young married woman, operated about two weeks before for acute appendicitis, with no bad effects following. She complained of a leucorrhea she had for some time, a trouble her mother also seemed to have. So, while she was in the hospital, a vaginal smear was examined, and it was reported that she had some positive organisms. I used a local application of 15 grains of quinine-dichloride in the vagina. She lived only a few doors from my office. Her grandmother came for me in about ten minutes. I was busy, and she would not disturb me. In about twenty minutes she came back and said the girl was not doing well, that she was feeling very badly. I went over immediately and found her in a rather bad condition. She was cold and as white as could be, with very little pulse. She was a strong healthy-looking girl. She had very labored breathing with a temperature in a few hours to 103°. She had a temperature of 104 and a chill the next morning. I watched to see whether she had some other cause for the chill, but she had no chill or fever after the second day. These were the only very serious effects following the use of quinine I have seen in 25 years practice in the delta.

DR. MITCHELL, in response: As to the effect of quinine on the patient causing rash, I should have included the matter of allergy in my paper. The articles from which I drew the greater part of my information call this a neurotic state. I think, as we know it now, that all of the allergic tendencies are neurotic. I believe that is one thing we should look and not wait for the history the patient gives, the history of being sensitive to quinine, but just ask if he has asthma, hay-fever, urticuria, or is sensitive to any protein or pollen.

Man is of few days and full of trouble. He laboreth all the days of his youth to pay for a gasoline chariot, and when at last the task is finished, Lo! the thing is junk and he needeth another. He planteth cotton in the earth and tilleth it diligently, he and his servants and his asses, and when the harvest is gathered into barns he oweth the landlord eight dollars and forty cents more than the crop is worth. He borroweth money from the lenders to buy pork and syrup and gasoline and the interest eateth up all that he hath. He begets sons and educateth them to smoke cigarettes and wear a white collar, and Lo! they have soft hands and neither labor in the fields nor anywhere under the sun. The children of his loins are ornery and one of them becometh a lawyer and another sticketh up a filling station and maketh whoopee with the substance thereof. The wife of his bosom necketh with a stranger and when he rebukes her, Lo! she shooteth him in the finale. He goeth forth in the morning on the road that leadeth to the city and a jitney smiteth him so that his ribs project through his epidermis. He drinketh a drink of whoopee juice to forget his sorrows and it burneth the lining from his liver. All the days of his life he findeth no parking place and is tormented by traffic cops from his going forth until he cometh back. An enemy stealeth his car; physicians remove his inner parts and his teeth and his bank roll; his daughters showeth their legs to strangers; his arteries hardeneth in the evening of life and his heart busteth trying to keep the pace. Sorrow and bill collectors followeth him all the days of his life, and when he is gathered to his fathers the neighbors sayeth: How much did he leave? Lo! he hath left it all. And his widow rejoiceth in a new coupe and maketh eyes at a young sheik that slicketh his hair and playeth a nifty game of bridge. Woe is man! From the day of his birth to the time when earth knoweth him no more, he laboreth for bread and catcheth the devil. Dust he was in the beginning and his name is mud.—Fountain Inn (S. C.) Tribune.

THE JOURNAL
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ARKANSAS MEDICAL SOCIETY

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DR. W. R. BROOKSHER, Editor
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The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

The history of the medical profession today has reached a crucial point, and it is our duty to save the efficiency of a noble profession, that not only has a great past, but a still greater future.

—H. E. Sigeristin, Bull., N. Y. Acad. Med., Dec., 1933.

EDITORIAL

MEMBERSHIP

The 1935 membership assessment is now due from every member of the Arkansas Medical Society. Prompt payment of this small fee to the county secretaries will be appreciated and will permit these officers to devote to the other activities of organized medicine much of the time formerly spent in an effort to secure the assessments of some members, who, for an unexplained reason, do not pay within the constitutional period. Nineteen thirty-five promises to be a year in which medical organization must have available its greatest manpower, must attain greater strength, must function at peak efficiency. It is a year in which liberal demand will be made of the time, energy and ability of every physician for the interests of organized medicine. The organization must be strengthened in every way. Therefore, the first obligation of every member is to pay his 1935 assessment now. The next obligation is to interest other eligible, worthwhile physicians, not now members, in affiliation with the organization. Briefly, we summarize some of the benefits of membership in the Arkansas Medical Society:

1. Maintenance of organization machinery for the service of its members.

2. An aggressive state organization for the protection of its members and the public.

3. Proper identification of the professional status of a physician.

4. Subscription to The Journal of the Arkansas Medical Society.

5. Attendance at society and clinical meetings.

6. Medical and public health legislative activities.

7. Requirement to membership in the American Medical Association as well as the special societies.

8. The only effective medium of contact between the medical profession and the public.

9. A means for cooperation with other groups interested in the common problems of public health and professional practice.

MALPRACTICE INSURANCE

Approximately 4,000 malpractice suits are filed yearly against physicians in the United States according to the studies of Stetson and Moran who have reported their findings in The New England Journal of Medicine. Such a situation demands drastic action from the medical

profession lest it become a veritable scourge. Numerous factors contribute to the increase in the number of these suits, among which is the present economic unrest.

It is especially important, therefore, that every member provide himself with adequate protection against this evil. Members of the Arkansas Medical Society are privileged to purchase this protection from a reliable insurance carrier at a reasonable premium. No complaint against this company's management of members' defense has been received.

Unfortunately, a number of Arkansas physicians have discontinued this protection during the past year, possibly as an economy move. This, we believe, is a short-sighted policy. The defense of one action in court alone, verdicts disregarded, will cost the equivalent of many years' premiums. Your professional liability insurance is a necessity; it is a calm, assuring force should you become the defendant in such an action. Maintain it in effect to the last.

EDITORIAL COMMENT

Physicians of the United States are most interested in the recommendations of the President's Committee on Economic Security. Members of the medical profession who have been called upon to serve in an advisory capacity on this committee are: Harvey Cushing, Stewart R. Roberts, George Crile, Thomas Parran, James Alexander Miller, W. L. Bierring, Robert B. B. Greenough, George M. Pierson, and J. Shelton Horsley. In addition R. G. Leland, of the Bureau of Medical Economics, has been asked to serve as a technical consultant. The viewpoints of these physicians on so-called socialized medicine are varying and will insure that the committee will hear all sides of the question.

Unemployment insurance and old age pensions appear to be the immediate objectives of the presidential plan but there is no doubt but that legislation will be introduced proposing methods for the medical care of the American people. Just what provisions will be embodied in these proposals cannot be surmised.

Physicians owe a duty to themselves as well as a larger duty to the public to become well-informed on systems of socialized medicine which are now in effect in other countries, ascertaining whatever there may be of merit or demerit in such plans. The public will expect, and rightfully so, that medical men will be best informed on these matters.

The action of the Sebastian County Medical Society in voting for a return to the constitutional assessment of five dollars from the membership by the state society is encouraging to the officers and to the Council. A comparison of the revenues thus obtained was discussed in the October Journal. Efficient operation of the organization with publication of The Journal can not continue on the present three-dollar assessment. Nineteen thirty-five promises to bring many problems affecting the practice of medicine and medical organization. To successfully cope with these difficulties will require expenditures of society funds in excess of the usual operating expenses. It is hoped that the county societies will consider the good of the organization in this matter and support a movement to restore society income to a normal level.

In any discussion of sickness insurance or socialized medicine, three facts stand out in the medical viewpoint:

1. No one is as familiar with the social, financial and medical needs of the patient as his confidential adviser — his physician.

2. If paid a living wage, the employee and his physician will work out a method of providing needed medical service. No political clerks will be necessary to establish or maintain this relationship, and the service will be better, more satisfactory, and cheaper.

3. Deterioration of the quality of medical service as a result of unwise interference would harm the public and the medical profession.

Members are urged to thoroughly inform themselves on the subject of socialized medicine in all its forms in order that they may intelligently present the views of organized medicine to the lay public, legislators, and other interested persons.

The House of Delegates of the Michigan State Medical Society has voted not to experiment at this time with the mutual health service plan presented by its committee on economics. This is perhaps the most complete plan yet evolved for health services differing in form from the present physician-patient relationship, and, since its release, has been the subject of much discussion in medical councils. Its presentation before the House of Delegates of the American Medical Association in June was directly responsible for the adoption by that body of the so-called "Ten-Point Plan," an official statement of the policies of the national organization.

The discusson in Michigan indicates that the general sentiment in that state is opposed to change in the traditional manner of medical practice; that these physicians desire to maintain their independence, to control their practice, and to have opportunity to succeed individually in accord with personal merit, receiving such remuneration as the patient is able to give. This is undoubtedly the choice of the majority of the physicians of the United States. In connection with plans for socialization of medicine, the statement of G. B. Cutten, President of Colgate University, is of particular interest: "Will it be rugged individualism or ragged collectivism? We've taken better care of the idiot than we have of the genius. We have coddled the moron and starved the intelligent. Those with the divine spark have been neglected, while we have lavished money and training upon the pinheads. Social legislation begs the unfit to become more unfit and cordially invites the fit to stop the struggle and vegetate."

Some confusion has arisen over the contradictory statements in the letter of Dr. S. J. Wolfermann, Chairman of the Council, to all county societies on November 12th, and a copy of a relief administration circular mailed to all advisory committeemen by the state secretary on December 1st. At the time of Dr. Wolfermann's letter, the relief administration advised that no mileage would be allowed on post-natal visits. By a later regulation on December 1st, this was revised to permit mileage on two of three post-natal visits, the third visit to be made to the physician's office four to six weeks after delivery. Conflicts such as these in regulations of the state relief administration are to be expected from time to time as the method of relief changes. County advisory committeemen are advised of these changes by bulletin or letter as soon as possible by the state secretary.

FROM YOUR LEGISLATIVE COMMITTEE

To the Members of the Arkansas Medical Society:

Soon we will be in the throes of a State, as well as national, legislative session. The past has taught us that we must present a united front in legislative matters affecting Organized Medicine.

The Organized Medical Profession of this State asks no special favors of the State Legislature, but it does insist upon maintaining the high standard it has set for itself. If we work at cross-purposes within our own ranks we are certain to lose those things which we have gained in the past. Therefore let us stand together.

If the future may be judged by the past many bills will be introduced in the next legislature by various groups seeking special privileges concerning the practice of medicine and public health matters. These bills will relate to osteopathy, chiropractic, anti-vivisection, anti-vaccination, principle of contract practice, employees' compensation, compulsory automobile drivers' licenses and accident insurance, repeal of the Basic Science Law, repeal of sections of the Medical Practice Act, and numerous kindred subjects. All of these questions and many others are of vital interest to the profession of this State.

The Druggists, Dentists, and Hospital Association will stand as one with us in our legislative battles during the coming session. Members of the Legislative Committees of these organizations will meet in December to discuss proposed legislation and methods of combating such legislation as may be directed against any or all of us. Therefore you may feel free to discuss in your sections and counties secure in the knowledge that we are working hand in glove together. With the help of these allies we feel that we can present an almost impregnable front in defending our position on any subject affecting our several professions.

From time to time you will be informed by means of bulletins on legislative matters pertinent to our several professions. Also you will be called upon from time to time to contact your representatives and senators either personally, by mail or by wire. We hope that you will respond readily for you may rest assured that if called upon for such contact the situation will demand quick action.

Constructive suggestions will be cheerfully received by the members of your committee. Address all communications to the Chairman, 907 Donaghey Building.

Fraternally,

VAL PARMLEY,
Chairman Legislative Committee.

PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society was addressed at its December meeting by Drs. A. Hutchinson, C. E. Kitchens, and H. E. Murry, of Texarkana.

Washington County Medical Society has elected the following officers: President, A. A. Gilbert; Vice President, J. M. Wallace; Secretary-Treasurer, Fount Richardson.

Drew County Medical Society has elected the following officers: President, A. S. J. Collins; Vice President, G. E. DeBolt, and Secretary-Treasurer, J. S. Wilson.

Mississippi County Medical Society has elected the following officers: President, R. L. Johnson; Vice President, W. M. Owen; and Secretary-Treasurer, F. D. Smith.

The Tri-County Clinical Society met at Hope on November 27 for the following program: "Fractures and Dislocations in the Region of the Elbow," G. A. Caldwell and T. M. Oxford; "Preventative Orthodontia," H. D. Harper, D.D.S.; "Heart Block," M. D. Hargrove. All of the speakers were from Shreveport.

— C. K. Townsend, Secretary.

The twelfth meeting of the Fort Smith Clinical Society was held November 22 with the following members presenting a program of operative and dry clinics and round-table luncheon talks: J. W. Amis, A. A. Blair, J. H. Buckley, J. A. Foltz, M. E. Foster, I. F. Jones, F. H. Krock, H. Moulton, J. C. Ogden, Pierre Redman, and H. H. Smith. The afternoon guest speakers and their subjects were: T. H. McCarley, McAlester, Oklahoma, "Pneumonia in Childhood;" G. B. Fletcher, Hot Springs National Park, "Diagnosis and Treatment of Coarse Tremor;" and Val Parmley, Little Rock, "Shock and Burns Due to Electricity."

The dinner meeting of the Pulaski County Medical Society November 19th honored F. O. Mahony, President of the Arkansas Medical Society. Additional guests of the society for this meeting, which is to become an annual function, were the following past-presidents of the Arkansas Medical Society: E. E. Barlow, Robert Caldwell, L. J. Kosminsky, H. Moulton, F. Vinsonhaler, W. T. Wootton, and D. A. Rhinehart, and President-elect M. E. McCaskill. The scientific program, which followed an address by President Mahony, was: "Causes of Failure in the Surgical Treatment of Gallbladder Disease," Warren H. Cole; and "Reduction of Mortality in Intestinal Obstruction," Robert Elman, both assistant professors of surgery in Washington University, Saint Louis.

Over one hundred physicians attended the meeting and duck dinner of the Third Councilor District Medical Society at Stuttgart November 27. The following scientific program was presented: "Early Diagnosis of Osteomyelitis," J. S. Speed, Memphis; "Home Treatment of Peptic Ulcer," J. F. John, Eureka Springs; "Foreign Bodies in the Auditory Canal," Aris W. Cox, Helena; and "Studies in Tuberculosis" (lantern slide demonstration), J. D. Riley, State Sanatorium. Newly-elected officers are: President, Ruffin Longest, Wynne; Vice President, S. S. Beaty, England; and Secretary-Treasurer, J. O. Rush, Forrest City. The Society will next meet at De-Valls Bluff.

Lawrence County Medical Society met at Black Rock November 13 as the guests of Drs. Cruse and Tibbels. The program was presented by Battle Malone and Battle Malone, II, of Memphis, and Ralp Sloan, of Jonesboro. Dinner was served at the conclusion of the scientific session.

The Fourth Councilor District Medical Society met in dinner session at Monticello December 3. The program was as follows: "How to Collect Your Bills," L. C. Barnes, Hamburg; "How to Get Prices Back to a Normal Level," C. W. Dixon, Gould; "How I Handle Charity Work," J. A. Thompson, Dermott; "The Relation of the Physician to Public Health," H. T. Smith, McGehee, and "Cooperation of the Physician with Organized Medicine," W. R. Brooksher, Fort Smith.

The Eighth Councilor District Medical Society met at Little Rock December 5. Morning clinical sessions were conducted at St. Vincent's Infirmary by Drs. S. P. Bond, T. D. Brown, Caldwell, Carruthers, Dishongh, S. C. Fulmer, Gann, Higgins, Hinkle, H. Fay H. Jones, G. V. Lewis, O. C. Melson, Roe, Rodgers, E. H. White, and J. G. Watkins. After luncheon the program was continued with the following: "Appendicitis," A. S. Buchanan, Prescott; "Impaired Vision and Blindness in Children," R. J. Calcote, Little Rock; "Principles of Treating Some Common Types of Fractures," J. F. Shuffield, Little Rock, and "Conduct of the Normal Labor Case," W. T. Pride,

Memphis. Officers elected were H. E. Mobley, Morrilton, President; L. Gardner, Rusellville, Vice President, and Alan G. Cazort, Little Rock, Secretary-Treasurer. The next meeting will be held in Conway.

The Ninth Councilor District Medical Society met at Harrison December 4 with the following scientific program: "Cancer Problem," Dewell Gann, Jr., Little Rock; "Early Syphilis," S. F. Hoge, Little Rock; "Relief Work and Its Regulations," D. L. Owens, Harrison; "Urological Backache," H. Fay H. Jones, Little Rock, and "Some Problems of Tuberculosis," J. D. Riley, State Sanatorium. A banquet at the Hotel Seville concluded the session.

Lincoln County Medical Society has elected the following officers: President, C. W. Dixon, Gould; Vice President, R. L. Johnson, Grady; Secretary-Treasurer, Vernon Tarver, Star City, and Delegate, G. C. Wood, Grady.

The Sebastian County Medical Society met December 11 with D. W. Goldstein presenting "Film Strips on Cancer Control" for the scientific program. The society recorded its approval for a return by the state society to the constitutional assessment of five dollars yearly from the members. Officers elected for 1935 are: President, F. H. Krock; Vice President, J. H. Buckley; Secretary, L. M. Henry; Treasurer, W. R. Brooksher; and Censor, J. H. Buckley. The annual banquet session of the society will be held January 8 with the following committee in charge: C. S. Holt, S. J. Wolfermann, and J. H. Buckley.

— J. W. Amis, Secretary.

The Independence County Medical Society met in dinner session December 10 at Batesville. The scientific program was as follows: "Some Problems of Tuberculosis," J. D. Riley, State Sanatorium; "Burns," V. D. McAdams, Cord; and "Pneumonia," F. A. Gray, Batesville. Officers elected for 1935 are: President, V. D. McAdams; Vice President, C. A. Churchill; Secretary-Treasurer, M. S. Craig; Delegate, O. J. T. Johnston, and Alternate, L. T. Evans.

— M. S. Craig, Secretary.

Dr. and Mrs. B. B. Bruce, Alma, entertained the Crawford County Medical Society and guests at dinner December 18th. The following were elected officers for 1935: President, S. D. Kirkland, Van Buren; Vice president, Q. R. Galloway, Alma, and Secretary-treasurer B. B. Bruce, Alma.

PERSONALS AND NEWS ITEMS

H. H. Smith, Fort Smith, has been elected an honorary member of the Tulane University chapter of Omicron Delta Kappa, national honorary leadership fraternity. Dr. Smith's membership is the first conferred upon an alumnus by the Tulane chapter.

Dr. R. A. Milliken, formerly of Indianapolis, became associated with Dr. Val Parmley in December.

Speakers before the general clinical sessions of the Southern Medical Association were: Dewell Gann, Jr., Little Rock, "A Study of 500 Consecutive Cases of Appendicitis and Appendicoses;" S. C. Fulmer, Little Rock, "Undulant Fever;" and O. C. Melson, Little Rock, "Jaundice As a Symptom." Speakers before special sections were: W. B. Grayson, Little Rock, "The Problem of Rabies;" George V. Lewis, Little Rock, "Hemolytic Jaundice;" E. I. Thompson, Little Rock, J. E. Stevenson, and F. H. Krock, Fort Smith, "Xanthoma Diabeticorum;" and H. S. Thatcher, Little Rock, "The Pathology of "Aviaminosis" (Chairman's address).

Dr. Jacques Forestier, Aix-le-Bains, France, addressed a special meeting of the Pulaski County Medical Society, in November on "State Medicine in France."

Mississippi County Medical Society is again the first society to submit report and dues of members for 1935, F. D. Smith, Blytheville, Secretary, submitting his report on December 6 for the following members: D. L. Boyd, N. B. Ellis, T. F. Hudson, F. L. Husband, R. L. Johnson, I. R. Johnson, W. M. Owen, J. T. Polk, F. D. Smith, J. L. Tidwell, and C. E. Wilson. At this time the dues of a few scattered members for 1935 have been received in the State Secretary's office in addition to the report of Mississippi County.

Physicians with their wives who visited Mexico following the Southern Medical Association meeting were: E. L. Beck, F. W. Carruthers, S. C. Fulmer, D. W. Goldstein, H. Fay H. Jones, George V. Lewis, N. J. Latimer, and A. W. Strauss.

"Diverticula of the Jejunum: Report of Two New Instances" by J. S. Levy and A. DeGroat, Little Rock, appears in the December issue of the American Journal of Digestive Diseases and Nutrition.

Ira Ellis, Monette, has been elected Associate Grand Patron of the Grand Chapter of Arkansas Order of Eastern Star.

The Journal offers congratulations on the arrival of Clyde Dudley Rodgers, Jr., on November 23.

The Southeast Arkansas Rotary Conference was held at Monticello December 20 under the chairmanship of Stanley M. Gates, Monticello. Dr. F. W. Carruthers addressed this meeting on "The Crippled Child Problem."

Dr. A. S. Buchanan, Prescott, Secretary, The State Medical Board of the Arkansas Medical Society, has asked all physicians who hold certificates of this board dated May, 1932, or 1933, to return these certificates to him in order that their names may be re-engrossed thereon in a more durable ink. Should other certificate holders note fading of names on their certificates, they are also requested to return them for this re-engrossing.

Bids will be opened January 3 for the construction of a hospital at Dermott for which a PWA loan of $85,500.00 has been approved. The hospital will be of 27-bed capacity and will be operated by the Benedictine Sisters.

Members of the Radiological Society of North America who attended its session in Memphis in December were: George F. Jackson, B. A. Rhinehart, D. A. Rhinehart, Little Rock; J. S. Wilson, Monticello; and W. R. Brooksher, Fort Smith.

In an impressive ceremony by the Grand Lodge of Arkansas Masons, the cornerstone of the building of the University of Arkansas School of Medicine was laid November 20. The principal address was delivered by Senator Joe T. Robinson and additional addresses were made by Governor Futrell, former Governor George W. Donaghey, Hon. D. D. Terry, and H. M. Bennett. Dr. Frank Vinsonhaler presided over the meeting and the Masonic ceremony was in charge of W. A. Thomas, the grand master, assisted by other grand lodge officials.

Commissions as First Lieutenants, Medical Reserve Corps, have been issued Jeff Baggett, Prairie Grove, and T. D. Brown, Little Rock.

Drs. H. H. McAdams and R. H. Willett have erected a 14-room clinic building for their occupancy at Jonesboro.

The following have changed locations: Oscar Barksdale, from Wilson to West Memphis; H. G. Heller, from Foreman to Mena, and B. M. Stevenson, from Crawfordsville to West Memphis.

C. S. Paddock, formerly of Fayetteville but now practicing in Memphis, addressed the Craighead-Poinsett County Medical Society November 8 on "Renal Calculus Disease."

Arkansas physicians in attendance at the meeting of the Southern Medical Association, held in San Antonio, November 13 to 16, were:

T. E. Benton, Lonoke; E. A. Callahan, Carlisle; F. W. Carruthers; B. F. Casada, Hot Springs National Park; A. G. Cazort, Little Rock; Noel Copp, Calico Rock; W. G. Eberle, Fort Smith; W. A. Fowler, Fayetteville; W. N. Freemeyer, Little Rock; S. C. Fulmer, Little Rock; W. M. Gibson, Nashville; D. W. Goldstein, Fort Smith; W. B. Grayson, Little Rock; C. G. Hinkle, Batesville; A. A. Hughes, Pine Bluff; H. Fay H. Jones, Little Rock; A. W. Keith, Stamps; A. C. Kolb, Hope; L. J. Kosminsky, Texarkana; N. J. Latimer, Corning; B. V. Lewis, Little Rock; P. L. Mahoney, Little Rock; Madeline Melson, Little Rock; O. C. Melson, Little Rock; H. E. Mobley, Morrilton; W. H. Mock, Prairie Grove; J. A. Moore, El Dorado; I. N. McCollum, Conway; M. L. Norwood, Lockesburg; C. E. Oates, North Little Rock; T. G. Porter, Hazen; A. R. Power, Hot Springs National Park; C. C. Reed, Jr., Little Rock; Fount Richardson, Fayetteville; B. L. Robinson, Little Rock; D. V. Smith, Huttig; E. M. Smith, Hot Springs National Park; Morgan Smith, Little Rock; P. M. Smith, Magnolia; W. F. Smith, Little Rock; A. W. Strauss, Little Rock; H. S. Thatcher, Little Rock; E. I. Thompson, Little Rock; and W. T. Wootton, Hot Springs National Park.

Thomas Watson, Benton, addressed the Malvern Rotary Club December 6 on the work of the county health unit.

Howell Brewer, Hot Springs National Park, was elected Vice President of the Arkansas National Guard Association on December 9.

"The Pathology of Avitaminosis" by H. S. Thatcher, Little Rock, appears in the December Southern Medical Journal.

Ira Ellis, Monette, and W. M. Majors, Paragould, addressed the Greene County Medical Society December 13th.

In attendance at the Conference of the Memphis Society of Ophthalmology and Otolaryngology on December 11 were: N. B. Burch, Hot Springs National Park; R. J. Calcote, Little Rock; Raymond Cook, Little Rock; A. W. Cox, Helena; O. H. King, Hot Springs National Park; H. J. G. Koobs, Rogers; J. C. Ogden, Fort Smith, and J. A. Saliba, Blytheville.

OBITUARY

CHARLES EDWARD PARK, of DeWitt, aged 57, died in a Memphis Hospital November 20. He had practiced at DeWitt since his graduation from the Saint Louis University School of Medicine in 1903. In addition to his membership in the county and state medical society, he was a member of the Masonic Lodge and of the Rotary Club. He is survived by his wife, one daughter, and two brothers.

ELAM HENSLEY STEVENSON, aged 78, died at Fort Smith November 20 following a heart attack on November 16. He was born in Giles County, Tennessee, on July 22, 1856, and graduated in 1879 from the Eclectic Medical Institute of Cincinnati. On February 9, 1933, he completed fifty years of practice in Fort Smith, but had previously practiced for a few years at Beebe Rock, Arkansas. Throughout his life he had been active in the religious, civic and medical activities of the city, serving for fifty-one years as a member of the Board of Stewards of the First Methodist Church, as a founder and director of the first hospital in Fort Smith, and was a member of the Lions Club, and of the Knights of Pythias and the Odd Fellows. A former President of the National Eclectic Medical Association, he became a member of the Arkansas Medical Society in 1929. His outstanding contribution to organized medicine in Arkansas was his work in securing the passage of the basic science law. He is survived by his son, Dr. J. E. Stevenson, who had been associated with him in practice for over twenty-seven years; Mrs. J. E. Stevenson; a sister, Mrs. Sterling Loyd, of Memphis; and three grandsons.

AUXILIARY NEWS

ALL GOOD WISHES FOR A HAPPY AND PROSPEROUS 1935

The medical auxiliary of Bowie and Miller counties met with Mrs. T. F. Kittrell, November 23. The cohostesses were Mrs. L. H. Lanier, Mrs. L. P. Goode, and Mrs. P. H. Phillips, of Ashdown.

Mrs. Decker Smith, president, led the meeting, at which time plans were made to follow the usual custom filling Christmas stockings for the United Charity. A Christmas party for the doctors and their wives was also planned, to be held at the McCartney Hotel on December 28.

The guest speaker for the afternoon, Dr. H. E. Murry, spoke on "Health Legislation in Arkansas."

Mrs. Ralph Cross, bride of Dr. R. C. Cross, was also a guest of the Auxiliary.

The Auxiliary to the Cross County Medical Society was organized on November 2 at the home of Mrs. L. H. Lipsey in Wynne. There were seven members present. The following officers were elected: President, Mr. Austin F. Barr, Cherry Valley; Vice President, Mrs. Thomas Wilson, Wynne; Secretary-Treasurer, Mrs. J. S. Miller, Parkin. The Auxiliary plans to hold its meetings on the first Friday of each month. On November 6, the Auxiliary was honored with a visit from Mrs. William Hibbitts at the home of Mrs. Thomas Wilson in Wynne. Mrs. Hibbitts talked to us about the work and purpose of the Auxiliary. The membership of the Auxiliary is small, but we hope to have more members later, and after Mrs. Hibbitts' very interesting and inspirational talk with us, we hope that the Auxiliary can carry on its intended work.

The Southern Medical Auxiliary meeting in San Antonio was most interesting and enjoyable. Our President, Mrs. William Hibbitts, served as Secretary for the entire meeting. Arkansas was well represented. Those registered were: Mesdames Noel Copp, Calico, Rock; E. A. Callahan, Carlisle; T. E. Benton, Lonoke; A. C. Kolb, Hope; H. F. Jones, Little Rock; C. G. Hinkle, Batesville; William Hibbitts, Texarkana; W. B. Grayson, Little Rock; D. W. Goldstein, Fort Smith; F. Richardson, Fayetteville; T. G. Porter, Hazen; H. E. Murry, Texarkana; N. J. Latimer, Corning; Euclid Smith, Hot Springs National Park; W. F. Smith, Little Rock; A. W. Strauss, Little Rock; W. T. Wootton, Hot Springs National Park; S. C. Fulmer, Little Rock; M. V. Russell, El Dorado; L. J. Kosminsky, Texarkana; Charles E. Oates, Little Rock; M. M. Melson, Little Rock; P. M. Smith, Magnolia; F. W. Carruthers, Little Rock, and W. N. Freemyer, Little Rock.

The Obstetrical Pack Committee to the Pulaski County Medical Society met November 14, at the home of Mrs. R. A. Law where 15 kits were assembled under the direction of Mrs. F. E. Hurrle, sub-chairman. Members present included Mesdames J. B. Crawford, President of the Auxiliary; Byron A. Bennett, L. F. Barrier, W. R. Richardson, G. F. Jackson, and D. M. Switzer. Dainty refreshments were served by the hostess.

The November meeting of the Auxiliary to the Pulaski County Medical Society was held at the home of Mrs. H. W. Hundling, November 21. Mrs. T. W. Brown, Mrs. W. M. Matthews, Mrs. G. D. Kenney, and Mrs. Paul Mahoney served as co-hostesses. Mrs. E. T. Browne reviewed Ruth Sockow's "The Folks." During the tea hour Mrs. W. R. Bathurst and Mrs. George Jackson presided.

The Auxiliary to the Washington County Medical Society was organized December 11th at a dinner session held at the Washington Hotel, Fayetteville. Mrs. Wm. Hibbitts, State President, was in attendance to perfect the organization.

BOOK REVIEWS

Synopsis of Genitourinary Diseases. By Austin I. Dodson, M.D., F.A.C.S., Professor of Genitourinary Surgery, Medical College of Virginia; Genitourinary Surgeon to the Hospital Division, Medical College of Virginia; Urologist to St. Elizabeth's and St. Luke's Hospitals and to the McGuire Clinic. Pp. 265 with 111 illustrations. Price $3.00. Saint Louis: The C. V. Mosby Company, 1934.

This book is in compend form presenting the essential facts connected with urology. The signs and symptoms, the instruments, the anatomy, the anomalies, and the principal lesions of the genitourinary system are covered in a concise, lucid manner. The numerous illustrations, practically all of which are diagrammatic, are most satisfactory for the comprehension of the subjects treated.

Diseases Peculiar to Civilized Man: Clinical Management and Surgical Treatment. By George W. Crile, M.D. Edited by Amy Rowland. Pp. 427. 41 illustrations. Price $5.00. New York: The Macmillan Company, 1934.

This volume represents a tremendous amount of work in its compilation and is a distinctly new theme in medical subjects. It is concerned with the clinical management and surgical treatment of certain diseases which are recognized as being peculiar to civilized man. These are hyperthyroidism, neurocirculatory asthenia, persistent peptic ulcer, and certain cases of diabetes and epilepsy. The stress and strain of civilization are considered causal factors in these so-called "kinetic" diseases. Crile believes they are due to an abnormally high sustained activity of the adrenal-sympathetic-thyroid system and he recounts his efforts to control these disturbances by surgery of the adrenal gland. His series now totals over 300 cases and approximately one-half of the volume is devoted to the detailed case histories of individuals who have had such surgical intervention. The technic of adrenal denervation is fully described.

Definite Diagnosis in General Practice. By W. L. Kitchens, M.D. With a Foreword by John H. Musser, B.S., M. D., F.A.C.P., Professor of Medicine in The Tulane University of Louisiana School of Medicine. Large Octavo of 1,000 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth, $10.00 net.

The purpose of this book is stated to be threefold: (1) For use as a quick reference, (2) as a simplified differential diagnosis, and (3) as a "selective diagnosis." 506 symptoms of definite diagnostic significance in some 407 disease entities are considered. The diseases are those to be met with in a wide and varied practice. The reader may quickly review the symptomatology of a given disease; or with a given symptom, those diseases in which the symptom is of diagnostic importance may be readily found. It is in the field of differential or "selective" diagnosis, however, that the book offers its greatest value to the practitioner. The arrangement permits a comparison of the symptomatology of one disease with that of another in an especially advantageous manner. While not a "royal road to learning," the volume certainly offers appreciated assistance in diagnosis. A unique feature is the provision which has been made for the addition of symptoms from the reader's personal observations to those compiled by the author, and for new diagnostic points as they may be established from time to time. The physician who employs this volume routinely will find that diagnosis is facilitated while his acquaintance with differential points becomes enlarged.

The Surgical Clinics of North America. (Issued serially, one number every other month.) Volume 14, Number 5. Lahey Clinic Number — October, 1934. Octavo of 260 pages with 72 illustrations. Per clinic year, February, 1934, to December, 1934. Paper, $12.00; Cloth, $16.00 net. Philadelphia and London: W. B. Saunders Company, 1934.

This issue is the first of the new series in reporting different clinics. It is indeed superior to the previous issues. All rare and uninteresting case reports are omitted. The new series lists the different specialties with the contributors to that branch. We are able to follow pre- and post-operative treatment as employed by the authors, instead of the reports of individual cases as formerly. This volume presents: the medical and surgical treatment of peptic ulcer; the technic of intratracheal anesthesia; jaundice and its management; empyema; the use of skeletal traction; the treatment of plantar warts; hyperthyroidism; and the treatment of lingual tonsils. The change will prove popular, bringing a larger number of physicians in contact with interesting clinical treatises from different authorities.

— I. F. Jones.

Minor Surgery. By W. Travis Gibb, M.D., Consulting Surgeon, City Hospital and Central and Neurological Hospitals; Formerly Attending Surgeon, Workhouse and Penitentiary Hospitals and Hospital for the Aged and Infirm Poor, New York City. Pp. 418 with 148 illustrations. Price $5.00. New York: Paul B. Hoeber, 1934.

The reviewer is pleased to know that minor surgery as met with in everyday practice can be so condensed and practical. The author's style is clear and explicit. Technic is fully detailed. The fields of presurgical, surgical, and post-operative care are covered. The prognosis is given in all instances. Attention is given to removal of conditions which impair the condition of the patient and delay recovery. It would not be amiss for every practitioner to have this volume within reach for quick reference as well as for interesting reading.

— O. D. Ward.

Minor Maladies. By Leonard Williams, M.D. 6th Edition, reprinted. Pp. 393. Price $3.75. Baltimore: William Wood and Company, 1934.

This is a common sense and scientific consideration of a few of the more common ailments which confront the general practitioner. Colds, Indigestion, Constipation and Diarrhea are some of the conditions considered. Many observations that aid in differential diagnosis not found in the average textbook are noted in this volume. It is more easily read than is the usual English work. Drug references are, of course, to the British Pharmacopeia, but it is believed that the book will be of interest to the great majority of physicians in this State.

Gynecology. By Brooke M. Anspach, M.D., Professor of Gynecology, Jefferson Medical College, Philadelphia. 5th Edition. Pp. 812. 679 illustrations, 10 in color. Price $9.00. Philadelphia: J. B. Lippincott Company, 1934.

The new edition of Anspach's "Gynecology" has been enlarged and in part rewritten in order to include recent advances, especially in physiology and disturbance of gynecological function. New chapters include those on endometriosis; sterilization and therapeutic abortion; and minor surgical, electro-thermic, mechanical and local treatment. A new feature is the chapter on constitutional types and endocrine disorders.

The work is practical in every respect. With the discussion of each disease are given both clinical and laboratory methods of examination, including a description of instruments used in special examinations. The text is fully illustrated. Descriptions of operative technic are explicit and easy to follow. Post-operative care is given in detail.

A complete and up-to-date bibliography is given at the end of each chapter, enabling one to further study recent work, especially valuable in the field of physiology and the endocrines.

— Ruth Ellis.

ABSTRACT

The Treatment of Verrucae by Local Injection of Bismuth. Harold Shellow. Ill. Med. Jour., Oct. 1934, 66; 332-336.

The aqueous 1.5 per cent solution of bismuth sodium tartrate was employed in the following manner: usual skin preparation by soap and water, iodine and alcohol; then with a fine hypodermic needle the skin is pierced just outside of the zone of hyperkeratosis, directed downward and inward to the base of the verruca, keeping the end of the needle just above the corium. A good deal of force will be required for the injection and unless this resistance is met, the solution will not be injected at the proper site. From ½ to 2 minims are injected, according to the size of the lesion. In from 1 to 3 days a dark hemorrhagic area appears, visible through the keratotic growth, and in most cases there is either complete cessation or diminution of pain. If within 7 to 14 days following the appearance of the hemorrhagic center the verruca has not disappeared or the central portion has not fallen out, the keratotic tissue can be removed to determine if activity is still present. In most instances an underlying normal appearing epidermis will be revealed. If after two weeks of further observation, an active verrucous tissue is seen, the lesion can be reinjected. The epidermis is usually normal in from four to eight weeks after the first injection. 97 lesions occurring in 73 patients were treated by the author; 89 were cured, 5 improved, 3 showed no improvement, 42 cases required but one injection. Since verrucae are known to involute frequently after any type of trauma, 32 lesions were injected locally with normal saline as a control. 29 of these showed no change after 3 injections while 3 lesions disappeared.

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COLON DYSFUNCTION*

Henry Gordon Rudner, M. D., F. A. C. P.,
Memphis

It is with difficulty that we define a syndrome so varied as that of colonic dysfunction, when so often in the majority of cases the colonic dysfunction is only a manifestation that is basically systemic in origin.

The term mucous colitis should be excluded from the discussion of colonic dysfunction, because it is inaccurately conceived, and arouses unwarranted fear in the minds of the lay. Colitis is an inflammatory condition of the colon, and should be limited to the inflammatory diseases of the colon.

Barker defines the condition as an enteropathy affecting nervous patients. Jordon defines it as a condition in which musculo-neural apparatus has lost its co-ordination and correlated function. The theories as to the etiology are legion. There is much difference of opinion about its character, and no agreement as to its etiology. Most of the writers, up to the present day, as Bargen, Jordon, Bockus, and Brown, agree that the condition is purely neurogenic, and that the mucous produced in large amounts is a hypersecretion, and not inflammation. To be sure, it is the routine of the individual super-imposed upon a none too stable nervous system that produces the irritable colon, and the condition, once established, causes a vicious circle.

Those of us who have followed the pioneers in gastro-enterology and physiology and have watched with close scrutiny the correlation of the clinician, physiologist and bio-chemist, have now weathered the storms and revolutions in medicine, and are face to face with physiological truthfulness. We have watched the continental surgeons go through the orgy of drastic assaults to the abdomen, eviscerations and pexys in dealing with so-called diseases of the colon.

To such men as Alvarez, Howell, Carlson, Hurst and Cannon, we are deeply indebted for our knowledge of the physiology of the gastro-intestinal tract. This tract is certainly a most intricate piece of machinery. Although it would seem impossible to compare this machinery with that of the heart, nevertheless it has almost the same nervous mechanism as the heart. The nervous mechanism of the gastro-intestinal tract is initiated by the indigestion of food; the pylorus then closes. The signal is then sent to the ileo-cecal valve, and it opens, allowing the fluid medium, held in the ileum, to pass into the cecum. There ensues a contraction of the recto-sigmoid. This is the gastro-colic reflex, a normal mechanism, occurring after each meal. When the fluid enters the colon, it causes the mass in the colon to move by direct physical effect, and not by peristalsis.

The colon is divided into the right colon, which has to do with absorption, and condensing; and the left colon, which is purely a reservoir, and normally should play no part in the absorption of anything but small amounts of water, dextrose and salt. So, then in civilized man, the function of the descending colon is that of holding fecal residue until it can be conveniently discharged, and the function of the ascending colon, and right half of the transverse colon is that of returning to the blood, the water which has been poured into the small intestines during the process of digestion.

Another function of the colon is that of excretion of heavy metals, and other substances, which have been absorbed higher up in the bowel. Certainly it is possible that hypersensitivity of the colon, which so often occurs, is due to the excretion of poisonous material which produces an irritation to the mucosa of the descending colon. The nature of these poisonous materials is not yet thoroughly understood.

The colon has an excretory function, as proven by Voit and, since this, many investigators have found various products of excretion in these secretions, such as calcium, iron, magnesium and phosphates. Also, bismuth and aluminum have been found. The fact that ulceration in the large bowel exists so commonly in bichloride of

* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

mercury poisoning proves that this metal is so excreted.

One of the chief secretions of the colon is mucous, and its function is that of lubricant to the feces, as well as a protective agent to the lining of the large intestine. It is a protective agent to this delicate membrane, and acts in a mechanical manner, rather than a bacteriocidal agent.

The colon is not at all indispensable. It has been shown many times that it can be removed in its entirety, and after a short period of time the ileum becomes adapted to the retention of fecal matter, and acts as a reservoir. A very interesting observation proved that the so-called mucous colitis is not a diseased entity of the colon. A patient's colon was removed, in an attempt to cure mucous colitis, and the patient continued to have mucous colitis with all of its symptoms as before the operation.

Although the mechanism of this important tubing has the power of absorption to a certain degree, the left colon was not intended for absorption. I may add that the left colon of today has been "educated" to perform the function of absorption. Considerable irritation, chemical, mechanical and pathological, is required to bring about the type of tonus necessary for the segments to initiate areas of stimulation with resultant contractures, not at all unlike auricular fibrillation of the heart.

Since the colon is a reservoir for effete, indigestible, and undigested food, and millions of bacteria, both pathogenic and non-pathogenic, nature has provided this structure with a glistening, paraffin-like covering in its ability to secrete mucous. This mucous not only protects this sensitive membrane from the scratching and irritation by the fecal mass, but, in a way, inhibits undue absorption.

Modern civilization has become addicted to daily purgative pills. This is due to widespread advertisements both to the doctor and laity, of the various and sundry spas, and the general use of aperient waters. It has also been aided by the change in habits and type of foods, the modern mode of living, and above all, the lack of time necessary for proper evacuation.

After the constant use of purgatives, over a long period of time, either chemically or mechanically, or by the routine use of roughage, such as bran, the patient soon irritates the colon to a point of definite spasm or fibrillation, not unlike that produced in the heart by digitalis, or toxemia. The natural gastro-colic reflex is gone, and a condition develops termed by Hurst as a Dyschezia. This condition is an inability to evacuate the bowel content, even though the stool is in the rectum. This is one of the most common causes of the enema habit.

This constant irritation of the gastro-intestinal tract with artificial stimulants over a long period of time, causes the colon contents to be continually liquid. The colon is not prepared to be a reservoir for liquid materials. The mucosa becomes irritated, peristalsis occurs in the descending colon, which is entirely foreign to a normal descending colon. It then develops a capacity to absorb toxic materials now greater than that of a non-irritated colon. Abnormal changes in gas absorption occur. Non-pathogenic bacteria quite often become pathogenic. Toxins are being absorbed in overwhelming doses.

To be sure, the purgative habit must be continued, and a condition develops, properly described years ago, as intestinal "auto-intoxication." This toxic material, and its various and sundry poisons, must be carried by the lymph stream and portal system. Certainly the liver has plenty of work, besides taking care of the job it has not "bargained for." The detoxifying power of the liver is soon used up. There develops an hepatic insufficiency with interference with glycogen function of the liver. This constant assault with purgatives from above, and enemas and colonic irrigations from below, soon causes the colon to revolt.

A true "guerilla warfare" follows. The colon begins to pour off large quantities of mucous, in an attempt to protect its delicate lining from these noxious poisons. The pylorus goes into spasm, and the ileo-cecal valve becomes hypertonic, with resulting violent spasm of the recto-sigmoid. So, you see, the entire mechanism of the digestive tract is upset with resultant violent pains in the epigastrium, left or right flank, reverse peristalsis, with nausea and vomiting, and severe pain after the ingestion of food in an attempt to initiate the normal gastro-colic reflex.

The patient, not understanding this condition, seeking the advice of doctor or friend, probably of his own accord, is led to believe that certain foods are causing this condition, and in due time develops an idiosyncrasy to various foods. By the elimination of certain foods, such as milk, fruits and vegetables, etc., they are finally down to one or two foods, and soon develop a true vitamin deficiency. This manifests itself in loss

of weight, dyspepsia, violent headaches, nausea and vomiting, migraine, diarrhea, alkalosis, or acidosis.

They consult various advisors, get various opinions, and have innumerable surgical assaults to the abdomen, namely: appendectomy, cholecystectomy, ileostomy, gastro-enterostomy, and pexys. Ovaries and tubes are removed, various radical operations on the para-nasal structures are done, and ventriculograms are made. They follow numerous ideas and diets, and soon become somatic neurotics, and develop sitophobia (a morbid or insane dread of eating). These patients give up hope, become apprehensive and irritable, and the condition so commonly called hypochondriasis, or neurasthenia ensues. As Omar Khayam says, "He leaves, not knowing whence he came."

In due time most of them are convinced that they are disabled, physically, and probably financially. We are now dealing with a definite neurotic individual, who is apprehensive, wanting a quick cure for this syndrome which has taken months, or years to develop. His cathartic habit is as well developed as an addict to morphia. He states that if he does not have a cathartic he will die. Truly, a pitiful state of affairs. Certainly he cannot be cured in one day or one month. These patients soon become unable to work, their home surroundings are changing, and their mental depressions are at times marked to the degree of suicide. By this time the picture has changed; we not only have a neurosis, but a vitamin deficinecy, avitaminosis with its various pathological complications.

It is an accepted fact that the patients who develop this syndrome come under the heading of constitutional inferiority, so far as the nerve mechanism of their gastro-intestinal tract is concerned. They belong to the triad of hayfever, eczema and migraine. A majority of them are allergic, and about 5 per cent of these patients, in my observation, show definite allergic reactions to foods. Urticaria is a frequent observation. Endocrine disturbances, hypo- and hyperthyroidism, occur in at least 10 per cent. Dysmenorrhea occurs in 20 per cent of the females. Impotency occurs in at least 5 per cent of the males. They are chronic sinus sufferers and have no power of immunity insofar as their sinuses are concerned. Vasomotor-rhinitis and pharyngitis are most common symptoms. Ureteral spasm, neuralgias, myalgias, and neuritis are common. One of the most common conditions is the unilateral headche (so-called migraine), which occurs in the great majority of cases, and for which attempts at operation have been done on the paranasal sinuses, with discouraging effects to the patient.

So, you see, we are dealing with a condition that occurs in practically all types of people, especially the highly sensitive type, the emotional type, and those with a neurogenic background. In other words, the hyperaesthetic individual; the musician, artist, student, professional man and woman, and those who come from families of hayfever, migraine and allergy. The negro is peculiarly immune, but it has been my observation in other races that it is as common in one as the other. Women are affected more often than men. The condition occurs in every age, children as young as 8 to 10 years, and adults as old as 70.

For clinical purposes we divided the irritable colon into three types: First, the mild type; second, the moderately severe type, and third, the severe type.

The mild type.—This type has various specialists treating various portions of the body, is addicted to enemas and purgatives, has periodic headaches, takes barbitals at night to sleep, carries along fairly well, gaining and losing weight, is a frequent visitor to the various spas, springs and dietetic institutions, uses various dietetic foods; in fact, makes a life study of foods, is a constant observer of stools, becoming "hipped" on this subject. This is the type that makes up the bulk of the clientele in the various general clinics.

The common symptom is constipation, stools are unsatisfactory to the patient, infrequent and difficult to evacuate, small in caliber, sometimes flat in contour and other times resembling sheep dung stools. The common statement is that the cathartics have failed to give relief, and so the patient comes to the physician.

He has abdominal consciousness and burning of the abdomen, gaseous distention, various and sundry irregular pains. He has become retrospective, analytic, and his entire interest centers on his abdomen. Again, abdominal distress occurs with pain up to the point of acute paroxyms, and a dull aching of the abdomen, generalized, or localized in the region of the pylorus, and quite often referred to the left shoulder as in gall bladder disease. The epigastric distress is quite similar to the distress of peptic ulcer, but it does not occur at definite periods, neither is the pain over finger point area. It is variable in its appearance, and may occur after some

meals, and not after others; after some foods, but not after others; on some days and not on others. It is not periodic, and never does it awaken a patient at night.

Pain in the ileocecal region occurs in over 70 per cent of my patients, although statistics of other men are different. Jordon and Keifer report that 25 per cent of their patients with irritable colon had their appendices removed. Eggleston states that 22 per cent of his patients had their appendices removed. There are, undoubtedly, instances where differential diagnosis between appendicitis, and disorders of the colon are difficult, and even after observation a laporotomy may be justified. But, as Bettman says, "Where appendectomy is performed on the patient when diagnosis is based on nothing more than indigestion, and a poke in the right iliac region, it is no wonder that the series is so high."

The diagnosis of irritable colon of the mild type is made by history, complete physical, and thorough proctoscopic and sigmoidoscopic examinations, with most careful study of the stools. X-ray examination is very important, and must be complete of the entire gastro-intestinal tract with a barium enema. X-ray examination reveals either a general spasticity of the entire colon or of segmented portions of it. Usually the distal colon is involved, and in some cases the haustral markings are lost, and the colon presents a "shoe-string" appearance. Delayed emptying time of the colon is common with incontinence of the ileo-cecal valve, and the cecum may be dilated with associated pylorospasm.

On physical examination we find the colon tender and hard, and if the patient is thin, contractions in the colon are easily felt. Examinations of the stools show them diminished in caliber, covered with mucous and in this type frequent examinations of the stools will find them negative for infestation.

Just here, let me state that I think one of the most valuable instruments we have in our diagnostic armamentarium is the protoscope, and still it is rarely used except by surgeons who are especially interested in diseases of the rectum. In my opinion, every physician and practitioner should familiarize himself with the proctoscope. It is not expensive and with a little practice it can be used in the bowel with perfect safety without the use of anesthetic, and without any considerable degree of discomfort on the part of the patient. I think that it is no more justifiable to treat the colon for its various diseases without inspecting the membranes of the colon that it would be to treat a sore throat without looking into the throat.

Second—the moderately severe type. Here, the patient has all symptoms of an irritated colon in an aggravated form, flatulence and gaseous distress with absorption of absorbable gases. We must not forget that gases are normally liberated in the colon. These gases include carbon dioxide, hydrogen, nitrogen, methane, and hydrogen sulphide. Nitrogen, hydrogen, and hydrogen sulphide are passed through the rectum daily, while large amounts are absorbed into the blood and so eliminated from the respiratory tract.

In normal metabolism, a person is little distressed by the passage of gases with increased formation of gas. When excretion is impaired, the patient experiences abdominal consciousness and later abdominal distress. A spastic colon interefres with elimination of gas in two ways. First, by spasticity, it diminishes the lumen of the gut and so reduces the amount of available absorbent surface for the gases. Second, a spastic colon produces stasis, and retained fecal masses occupying space within the lumen of the gut further diminishes the available surface for absorption of gases.

At this stage the patient begins to lose weight, is apprehensive, nauseated, vomits an occasional meal, develops a profound insomnia, mental depression and psychoneurosis. Quite frequently at this stage there are bladder symptoms with ureterospasm, retention of urine, paroxysmal tachycardia, precordial pain, quite similar to angina, with usually an irregular temperature. A symptom complex of neuro-circulatory asthenia with sweating palms, tachycardia, tremor, hot and cold flashes, vertigo, spots before the eyes and tinnitus aurium are present. Attacks of abdominal distress soon occur more often, the patient refuses to eat, or develops Osler's symptom complex, anorexia nervosa.

In this stage erythematoses are common, also eczema and various and sundry skin lesions. The patient takes on a sallow color or dusky hue. The picture at this stage can resemble various and sundry diseases as pellagra, pernicious anemia, carcinoma, sprue, miliary tuberculosis, or what not.

Third—the severe type. This type is the hospital type. The patient is usually brought in with acidosis or alkalosis, marked dehydration and evidence of avitaminosis. The skin is dry and exudative. The eyes are sunken. Tongue red. He is unable to take nourishment, neces-

sitating feeding by Levin tube, hyperdermoclysis and drastic stimulation.

The patient may have hyperemesis or diarrhea in the extreme, and convulsions are not at all uncommon. At this stage pyrexia is the rule and not the exception, and it is here that we get the so-called gut leukocytosis where the leukocyte count may run from thirty to forty thousand. Suppression of urine occurs and only the most drastic procedures can save the patient's life, such as blood transfusions and intravenous use of glucose, or the use of hypertonic solutions of sodium chloride where alkalosis exists.

Not infrequently the patient falls into the hands of the surgeon between the second and third stage, or during the third stage. This is truly hazardous to the patient, unless the surgeon is quite familiar with this condition and can diagnose it. He has an even break with surgery during the first stage for at this time his resistance is not low, and he can probably withstand the various assaults or insults to his abdomen.

In the third stage he is a very bad risk for the surgeon. Truly a hair-splitting diagnosis is demanded when a patient is brought to the hospital in an ambulance with a history of acute onset of pain, nausea and vomiting, board-like fixation of the abdomen, plus leukocytosis and fever. But, with a previous history of spastic colon and passage of large quantities of mucous in stools, careful examination of such a patient will reveal that fixation is not constant, that pressure on the abdomen relieves the pain rather than aggravates it, that the abdomen is not silent, as one gets with perforated viscus. That is, the gases in the abdomen are carried through the tubing normally, which is not found in perforation where the abdomen is silent. The peritoneal reflex does not cause pain, and a close study of the blood will show a relative eosinophilia and large doses of atropine will relax the patient.

TREATMENT

In considering the treatment of irritable colon, the following points must be considered:

The patient has been in a state of hyperexcitability and is unable to relax. This is a state of hypertonicity of the colon that can be initiated within the lumen of the colon, from elsewhere in the body or from emotions. Because of the large number of patients affected with this condition, many treatments have been inaugurated. Although in the first and second stage this malady is not dangerous to life, it is responsible for much misery and invalidism. In a majority of the cases the response to treatment is gratifying. The therapeutic efforts should be directed to the particular individual, and not to the syndrome of irritable colon.

A most thorough history and complete physical examination, including a most thorough gastro-intestinal series, and study of the colon by barium enema is necessary. An essentially negative examination outside of irritable colon carries great value and therapeusis. It is the foundation for the intelligent co-operation of the patient. His confidence is restored, due to his insight into the true basis of his condition.

The next important step is the diet. The diet should be individual. The types that are constipated, with the passage of large quantities of mucous, should receive a bland, smooth, diet, which is high in vitamins, has a minimum amount of roughage, and a very little cellulose or organic acids. The first vegetables and fruits should be pureed. If the patient can tolerate milk, it should be given, and the various milk preparations, pureed fruits, pot liquor, cocoa, cottage cheese, sherbet, rice, farina, mashed potatoes, custard, and jell-o in feedings every two hours. In the mild cases small amounts of roughage, cooked vegetables, cooked fruits, carrots, asparagus tips, butter, peas, baked apple, canned peaches and pears are then added. Uncooked fruit and vegetables may be added about the third or fourth week, and the bulk of the diet at this time should be meat, chicken, fish, eggs, junket, cooked cereals, cottage cheese, fruit juices, malt, cod-liver oil and yeast. Sugar should be given very guardedly and throughout the treatment the patient should abstain from condiments, alcohol, fermented foods, shell fish, sausage and pork.

It is necessary at all times to continue on a high vitamin diet.

MEDICATION

The sedatives and antispasmodics play an important role in the treatment. Atropine and belladonna are the most important antispasmodics. Bellandonna is most commonly used for relief of intestinal spasm. Most patients tolerate it very well, and can take it over a long period of time. Start with 5 minims three times a day, and increase to as high as 30 minims three times a day until physiological action is obtained. Then the drug can be discontinued for a while and later given at various irregular intervals.

For the past eight months a most satisfactory substitute for atropine has been found in a new preparation called novatropine. It is a non-toxic form of atropine with all of its therapeutic qualities and practically none of its drawbacks. Chemically, novatropine is methylhomatropinebromide. Its effect as an antispasmodic is comparable to that of atropine and 8 to 10 times as potent as homatropine. It is less than one-thirtieth as toxic as atropine, making it a most ideal drug for the treatment for irritable colon. The dose is 1/24 of a grain, two or three times a day before meals.

Of the sedatives, bromides and the barbitals are the most common. Sedatives should be given in conjunction with belladonna on account of the initial stimulating action of belladonna on the nervous system. The sedatives relax the patient, and have a hypnotic effect on the central nervous system. Local applications of diathermy give considerable relief. The local application of heat to the abdomen in the form of hydroptherapy has a distinct place in the treatment of these cases. Warm baths and mild massage, but the avoidance of undue abdominal stimulation are important. Colonic irrigations with large quantities of fluid are mentioned only to be condemned.

If, after thorough observation, the spasm is limited to the distal colon, especially in the region of the recto-sigmoid, a method first advocated by Soper is especially indicated. The proctoscope is carefully passed very slowly beyond the spasm, leaving the scope in for ten to fifteen minutes, and in this way dilating the spasmodic area and exhausting the recto-signoid. A colon tube is then passed through the tunnel of the scope, and the scope is withdrawn, and 60 ccs. of a 30 per cent solution of magnesium sulphate is poured into the colon by means of a funnel. The patient continues in knee-chest position for ten more minutes, and 200 ccs. of equal parts of Wesson Oil and warm castor oil is poured through the funnel. The patient is instructed to retain this as long as possible.

The magnesium sulphate causes relaxation of the sphincter, the Wesson Oil is for lubrication, and the castor oil combined with the sodium salts produce a sodium ricinolate, which is an antiseptic and will play a part in the combating of secondary infections which quite often occur. This treatment is repeated every three or four days for about two weeks, and then once a week for two months. In the meantime the patient is allowed occasional salt water enemas, or an olive oil enema twice a week. Plain mineral oil at night is beneficial. In the cases where there are frequent loose stools, calcium gluconate, bismuth subcarbonate and dihydronal are of benefit. Charcoal is given for gas distention and dyspepsia. We have found that the giving of castor oil once every ten days, or two weeks, has been very beneficial in the cases who have loose stools containing a large quantity of mucous.

Throughout the treatment the physician must attempt psychotherapy and re-education of the patient. His habits should be studied and his environmental conditions should be investigated. The physician should gain the confidence of the patient, and when it is won, suggestion can be used to change the patient's attitude toward life and to withdraw his attention from his bodily functions. This cannot be done with one sitting, but with various sittings. He must be made to understand that he has no serious organic disease, and that his condition is only functional, and the cure can only be accomplished by his own efforts, and co-operation.

In conclusion, (1) Irritable colon is a functional disturbance of the colon.

(2) It occurs more often in women than in men, especially the neurotic type.

(3) It is not a disease entity.

(4) It is not an inflammatory condition of the colon.

(5) It occurs in highly sensitized individuals.

(6) It is a functional condition which in time may produce grave symptomatology.

(7) This condition in general cannot be treated by drugs, prolonged irrigations, various and sundry treatments. The only drug of absolute value is belladonna.

(8) Dysfunction calls forth a physician as a therapeutist, psychoanalyst and psychotherapist.

(9) Diet plays an important part in the cause and treatment.

(10) Definite and absolute factors that tend to accentuate this condition should be removed.

1108 Madison Avenue.

PANEL SYSTEM IN ENGLAND

"Doctors who participate in the panel system in England are paid $2.25 a year for each insured person on their list, and for that sum make as many sick calls as are required during the year. The average number of insured persons on a physician's list is about 1,000."—N. Y. State J. M.

CHIASMAL SYNDROME REPORT OF CASES. *

ALBERT H. MANN, M. D., Texarkana

Advances made in neurological diagnosis in the past few years have brought to our attention a small group of cases in which symptoms have been caused by a suprasellar lesion. These have been described by Cushing as the Chiasmal Syndrome. They gain their importance, not from their frequency, but from the serious effects on vision and life, the avoidance of which demands prompt recognition. Naturally the opthalmologist is the first to be consulted, and as a rule a diagnosis of retrobulbar neuritis is made, until with the persistence of symptoms a neurological consultation is sought and the true nature of the condition becomes apparent.

Briefly stated the syndrome consists of primary optic atrophy and bitemporal field defects with an essentially normal sella. It may be produced by a variety of pathological changes in the region of the chiasm. The lesions that have been found responsible are:

1. **Meningiomas,** having their origin over the chiasmal sulcus and tuberculum sella. These are the most frequent and the most favorable for operation. They generally occur in adults. Calcification is rare.

2. **Pituitary Adenomas,** these without deformity of the sella are rare.

3. **Congenital Tumors,** these arise from the cranio-pharyngeal pouch. Symptoms may occur at any age. Calcification is generally present. The prognosis is poor.

4. **Gliomas,** arising from the optic chiasm or third ventricle. These may spread forward as far as the retinal end of the optic nerve. This is often found associated with von Recklinghausen's disease, and is generally seen in children.

5. **Chronic Local Arachnoiditis.**

6. **Syphilitic Meningitis.**

7. **Aneurysm.**

The following cases were seen during the past year and illustrate the diagnostic and therapeutic difficulties encountered:

Case 1. W. J., aged fifteen, was first seen April 12, 1933, complaining of blurring vision in the left eye for as long as he could remember and occasional attacks of blurring of vision in the right eye. Frontal headaches have frequently been present for the past two years. Nystagmus has been present for two months. Left optic atrophy was discovered six to eight years ago. In 1926 there was a cardiac disturbance which was followed by a long period of rest.

The ride in the elevator coming to the office excited an attack of nausea, vomiting and unsteadiness of gait although he could walk without assistance. Vertical nystagmus with a rotatory component was present. The left pupil was larger than the right. Both reacted to light. Vision in the right eye was 20/24 and in the left eye was light perception. There was a primary optic atrophy of the left eye and a temporal pallor of the right. The right eye showed a temporal hemianopsia. X-Ray examination showed a normal size sella. There was apparently an undermining of the anterior clinoids. Blood Wassermann was two plus. The impression was that we were dealing with a pituitary tumor or one in that region and he was referred to a neuro-surgeon.

Doctor M. M. Peet of Ann Arbor was consulted and operated. His findings are as follows: "At operation the tumor was found to arise from the left optic nerve. The tumor involved the entire left optic nerve forward to about one and one-half or two mm. from the optic foramen. From this point backwards it rapidly enlarged, reaching a size about equal to my two thumbs. It was grayish in color, and had a thin capsule. The tumor extended forward on to the bone in the midline and laterally along the cribriform plate. It completely replaced the chiasm, but grossly did not infiltrate the right optic nerve, which was displaced to the right. The nerve was divided close to the optic foramen and a large lobe of the tumor passing anteriorly was removed in one piece. That over the sella turcica was removed in numerous pieces. The chiasm was divided close to the right optic nerve. The tumor extended on to the floor of the third ventricle, and it was impossible to say whether we had removed all of it or not. Both third nerves were seen during the operation. The left one had been stretched laterally, and the right one was displaced." Death occurred the following day. Autopsy showed that the tumor had infiltrated the optic tract, and from there had extended across involving the entire floor of the third ventricle back to the mammillary bodies. An interesting finding was an acute perforation at the lower end of the esophagus with stomach contents in the left pleural cavity. An acute peptic ulcer of the stomach was also found.

Case 2. M. P., aged fifteen, was seen September 20, 1933, complaining of sudden loss of vision first noticed about two weeks ago when he found he could not recognize the figures on playing cards. He had been examined on several occasions for visual disturbances, first eight years ago. At no time was his vision found to be defective. Two years ago he received muscle exercises. He had been receiving pituitary medication for some months.

The patient was a somewhat obese boy. He was bright and cheerful. Vision in the right eye was 4/200 and in the left eye 20/100. He stated that he could see only the right half of the chart with his right eye. The right pupil was larger than the left. Both reacted to light. Vision was not improved with glasses. The fundi were normal. The sella showed no abnormality on X-ray examination. General physical examination was negative, except for obesity. Visual field determination September twenty-first showed a slight temporal contraction of the

* Read before the Fifty-ninth annual session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

field of both eyes. The campimeter studies revealed a nasal hemianopsia of the right eye which involved the point of fixation with a defect of the nasal portion of the outer lower quadrant of the field. There was an enlargement of the blind spot of the right eye. Consultation was advised because of the possibility of tumor, but it was decided to treat him for a time to see if improvement would not occur. He was consequently treated as a case of retrobulbar neurtis. Later field studies showed a central scotoma of the right eye with an enlargement of the blind spot of the left eye. A slight papillitis developed in the left eye and he was referred to Doctor Myer Weiner who found a bitemporal hemianopsia. He was seen by Doctor Sachs who made the diagnosis of Frohlich's syndrome in the presence of a suprasellar tumor. Operation on October twenty-eighth revealed a large adenoma of the pituitary situated above the sella. No attempt to remove the tumor was made. Death occurred the following day.

As previously stated most of these cases have heretofore been diagnosed as retrobulbar neuritis and in all cases where this diagnosis is made the possibility of a localized lesion of the visual pathways should be kept in mind.

The first case presented the rather unusual complication of acute perforation of the upper gastro-intestinal tract. Cushing in his series of something over two thousand cases has had three examples of this, and an additional eight cases of a more chronic lesion. These are given as examples supporting the neurogenic theory of peptic ulcer.

The second case is interesting from the diagnostic point of view.

DISCUSSION

PAT MURPHEY, Little Rock: Dr. Mann asked me to discuss his paper, and I was very glad to do it, because I am interested in the subject that he is talking about. Fortunately, I happen to have a couple of cases at this time whom I have asked to come here, so as to make the lesions that he is describing a little bit plainer. In the first place, these lesions are neurological, and sooner or later those patients fall into the hands of the nerve specialists and neurological surgeons. The majority of them first go to see the eye specialist because they all complain of disturbances in seeing, associated with a headache. The headache is usually bi-temporal.

The little girl, you see here, came to see me last Saturday. She is thirteen years old. She can not see anything out of the left eye, except that she can tell light from darkness. She has headaches across the forehead and in the temporal regions. There is an inequality of the patellar reflexes. The Wasserman and laboratory findings are entirely negative. Physically, she is not sick. X-Ray pictures of the skull show no bony changes. If there is any difference in the eye-ground findings from the normal condition, it seems to be a beginning of pallor in the optic disks. I think we are dealing with just such a lesion as the doctor describes but in the earlier stages. I have told her mother that in all probability in a short time that it would be necessary to operate on this little patient for I think we are dealing with a supra-sellar lesion.

The second case, this young man came to the hospital about two months ago complaining of a head ache. He had a mental condition in which he was confused and could not see good. He complained of severe headaches. On examination, it was found that he could not see out of his left eye, except on the nasal side. He had changes in his reflexes. X-Ray pictures of the boy's skull showed bony changes in the region of the sellar turcica. Air was injected into the posterior horn of the lateral ventricle on the right side, and further X-Ray pictures demonstrated that we were dealing with a tumor in the region of the pituitary body.

When you get a tumor of this kind, there is but one treatment and that is to attack it directly. So on March 4th, this boy was operated on. The usual frontal flap was made. A big cyst was found and was drained. This boy has improved and is now better mentally and neurologically than before operation. He can see little better, but he tells me that a few days ago for about an hour or a little longer, he could see a great deal better out of this eye than he could before he was operated. This case shows the changes and findings in rather an advanced case. I believe that this boy will still get better.

I will watch the little girl longer before surgery is undertaken.

Dr. Mann has covered the field thoroughly, and has given you the eye findings in such lesions, and these two cases bring out the symptoms that Dr. Mann has mentioned in his paper.

L. H. LANIER, Texarkana: This is an interesting subject The cases reported are interesting. Sometimes I think all patients with intracranial pressure should be immediately referred to a pathologist, and he should consult an internist, roentgenologist, and neurologist.

Visual disturbances resulting from affections of the chiasm are mostly due to acromegaly, tumor of the pituitary body, tubercle and syphilitic gumma. Temporal hemianopsia, as one of the signs of chiasmal involvement, may be found to result from trauma, tumors, tuberculous exudations or granulations, aneurysms, pressure from the third ventricle, periostitis, partial meningitis, basilar gummatous meningitis and syphilitic disease of the chiasm, gummatous arteritis, hemorrhages into the chiasm, multiple sclerosis and the hyperplasia of elephantiasis.

Compression of tumor on the chiasm, tracts and optic nerves vary the visual field defects constantly.

It is not to be forgotten that in basilar cerebral syphilis remarkable fluctuations of the field may also occur; in fact, almost any field changes may present themselves. For example, complete blindness, changing during restoration into temporal hemianopsia, nasal limitation, irregular field defects, all of which arise from tract involvement, as well as from chiasmal disease.

Sell has collected more than 60 cases of pressure on the chiasm from tumor exudations and granulations with no visual changes manifest.

Of course, glasses, mydriatics, muscle imbalance and the loss of one eye, all influence the field of vision as well as the time in the course of the disease.

Lesions of the chiasm can only be located when the field changes are considered in connection with concurrent symptoms.

Many field changes exist which may be easily accounted for by evident intraocular disease, as pigmentary retinitis, disseminated choroiditis, retinal detachment, etc. These field changes may be monocular or binocular, and

in the case of retinal detachment, may assume forms not unlike altitudinal hemianopsia.

Many cases of brain tumor do not come to attention until the taking of an accurate field has become a very difficult or quite impossible matter. As is well known, the generally present choked disc has no value in localization in these cases, nor is it even an index to designate the degree of involvement of the brain tissue. In a certain percentage of cases of brain tumor, seen early, no changes in the optic nerve are to be found.

Functional nerve diseases, neurasthenia, hysteria, tobacco and alcohol, sinus involvement and various systemic diseases may markedly influence the visual field.

The essayist has waded far out into the open sea. I admire his courage but, like the sea, the problem of localization and the causes of intra-cranial pressure shall remain to plague and confuse us.

DR. MANN, in response: I just want to thank Dr. Murphey for presenting these cases. He certainly got better results than I did in my cases. I also want to thank Dr. Lanier for his discussion.

CORRESPONDENCE

Dr. W. R. Brooksher,
First National Bank Bldg.,
Fort Smith, Ark.

Dear Doctor Brooksher:

It is the hope of the Cancer Control Committee of the Arkansas Medical Society to put on an extensive cancer control program this year. Will you please call to the attention of the county societies the following program which we hope they will follow. I have already written the councilors of each district outlining the program.

First, the General Federation of Womens Clubs has adopted for this year a cancer educational program. This was brought to my attention by the American Society for the Control of Cancer. It is the idea of the committee acting through the councilor of each district for each society to appoint a cancer control chairman and to have at least one educational program on cancer as soon as possible, and to get in touch with the president of the Federation of Womens Clubs of their locality and offer their co-operation in putting on a program.

I have in my office several film strips on cancer control, such as "Fighting Cancer With Knowledge," etc., and also another film on cancer of the breast, to be shown to the medical profession. These strips I would be glad to send to any society and also a projector for showing them. The educational film can be shown to any lay group. Of course the local program, whether they have cancer clinics or not, will be left entirely with the local society.

The Cancer Committee will be glad to obtain from the American Society for the Control of Cancer any literature to be distributed.

Very truly yours,

D. W. GOLDSTEIN, Chairman,
Cancer Control Committee,
Arkansas Medical Society.

RESOLUTION BY BOWIE-MILLER COUNTY MEDICAL SOCIETIES

Whereas, the medical profession has always, does now, and will continue to protect and promote public health by safeguarding, advancing, and administering modern scientific medicine; and

Whereas, the medical profession desires the safest and best relationship between the patient and physician to the end that all forms of unsafe and objectionable socialized medicine may be abolished or defeated; and

Whereas, there is a growing tendency on the part of certain foundations, organized charities, governments, municipal, state and federal, to hospitalize and treat the sick; and

Whereas, certain organizations have far-reaching campaigns that all school children be tested, immunized, and examined free, regardless of the ability to pay for this service; and

Whereas, scientific medicine cannot be administered en masse with accuracy and safety to the patients;

Therefore be it Resolved: (1) That we condemn the idea of governmental or lay agencies engaging in the practice of medicine except where necessity demands same, such as the army, navy, et cetera;

(2) That we condemn all forms of socialized medicine as unsound for the patient and harmful to the advancement of scientific medicine;

(3) That we condemn the free examination of school children en masse, made in school buildings, as unreliable, unsafe for the child, and unsound in principle and practice.

(4) That we believe for the welfare and health of children, all examinations should be made in the office of the family physician, and we offer this as the most sane and sound policy.

(5) That we pledge ourselves individually and as an organization to make such examinations and to institute such measures of prevention against disease as are practical and acceptable to the parents, for reasonable fees, or under such terms as may be feasible or agreeable to the parents. We further pledge ourselves to see that no section of the public shall be neglected because of inability to pay.

(6) We further pledge ourselves to take no part in wholesale, unscientific, unsafe, free examinations, or wholesale preventive measures applied without previous individual study of children to determine the safety of such measures.

HOSPITALIZATION OF THE MENTALLY ILL

Members of the House of Delegates and others have been solicited by Dr. John M. Grimes to purchase a book that he has printed purporting to contain the results of the study recently made by the Council on Medical Education and Hospitals of the hospitalization of the mentally ill in the United States. Such individual use of the Council's material is, of course, wholly unauthorized. A report prepared by Dr. Grimes when he was employed by the Association was not published because in the opinion of the Council and an advisory committee of psychiatrists and neurologists his conclusions were not supported by the evidence presented. Two partial reports that have already been published will be supplemented when further studies have been completed.

—J. A. M. A., Nov. 10, 1934.

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Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

THE COUNTY SOCIETY

We have often referred to the fact that the county society, after all, is the backbone of organized medicine. No matter how many other medical organizations there may be in a county, if the county society is not functioning there will be a corresponding degree of lack of interest in the other organizations.—The Journal of the Indiana State Medical Association.

EDITORIAL

MEDICAL ECONOMICS

I. F. JONES, M. D.
Chairman, Committee on Medical Economics

Medical Economics, as such, was not taught nor hardly thought of until the past few years. However, today, it looms as a high light in our forward march toward the goal of Utopia.

As the chain store brought about improved conditions among the independents, so I hope the talk of "state medicine" and "contract practice in medicine" will cause us to be ever on the alert for improvement.

It is a fantastic idea for us to think that some change is not impending. This idea, its conditions and fulfillment, should be brought about by the men in the profession and not by laymen. No layman has a proper conception of the trials, troubles and tribulations that confront the diagnosis and treatment of human ills.

If organized medicine stands back and allows the politician and philanthropist to formulate some act concerning our profession then we may realize that we will only be puppets in the hands of their henchmen.

There is to be introduced in this Congress a bill by the American Association for Social Security that could more accurately be designated, "A bill for the abolition of private medical practice." As this bill stands, there is no likelihood of its passage, but it is so diabolical that even a revision would still be worse than the panel system in Germany, admittedly the worst yet.

We must not only stand up and take note of the aggressiveness of our enemies, but must ever be on the alert to give the best in medical treatment and hospitalization so that any such bill or act will fall of its own weight. Only through systematic study, work and co-operation of each individual physician with the County and State Medical Society will this be possible. So I urge each and every component society to meet, discuss, and formulate plans to aid your state committee in their work against this national evil.

IN CONGRESS

Certain bills and resolutions have been introduced in the national Congress vitally affecting the practice of medicine. Members, particularly legislative committees, are urged to secure copies of these bills in order that they may be more fully advised as to action to be taken by their county societies. These are doubtless preliminary to many more of similar import and it

is important that organized medicine inform itself of such proposed legislation in time to register an emphatic protest against unjust measures. Space does not permit comment by The Journal on the provisions of the bills introduced to date nor of their unfavorable features. It is hoped that all members will closely follow legislative proceedings this year, uniting in opposition to such as are contrary to the ideals and ethics of organized medicine. Introduced the first two days of the 74th Congress were:

H. R. 43, introduced by Rudd of New York: "Granting hospital treatment to postal employees suffering from tuberculosis, nervous diseases, or kindred occupational ailments in government-owned hospitals."

H. R. 1900, introduced by Bland of Virginia: "Authorizing hospitalization for retired or disabled seamen."

H. R. 2859, introduced by Sabath, of Illinois: "To provide for the establishment of unemployment and social insurance, and for other purposes."

H. R. 2902, introduced by Welch of California: "To extend the benefits of the United States Public Health Service to fishermen, trapmen, net tenders, and other persons subject to the laws relating to American seamen."

S. R. 28, introduced by Black of Alabama: "Resolved, that the Committee on Education and Labor of the Senate is hereby directed and instructed, either acting through the full committee or through a duly appointed sub-committee, as soon as practicable, to make a full and complete investigation in order to determine the best and most effective kind of Federal legislation to provide a system of health insurance throughout the entire United States, and to report to the Senate as early as practicable the recommendations outlining the kind of legislation it is believed will most effectively accomplish this purpose."

SOCIALIZED MEDICINE

The December 1934 issue of Survey-Graphic, entitled "Buying Health," presents expressions of the policies of several organizations on so-called socialization of medicine. These are in the main not new statements, but a reading of this issue will be of profit to every physician from the broadening of his viewpoint to include the opinions of other groups.

Of particular interest are the rather caustic comments of Wm. T. Foster, an economist, who challenges organized medicine's right to control the manner of distribution and costs of medical care. It seems but natural in these days of needed economic rehabilitation to view with doubts the pronouncements of our leaders of a few years ago in the field of economics. This authority asserts that adequate medical care is not available to the masses of our people and that there are thousands of physicians harassed by debt and general financial insecurity. These assertions we accept as truths. But is medical care the only service or commodity not generally available? Are physicians the only class harassed by debts and general financial insecurity? One pauses to wonder if any of the citizens of this nation do not feel the pangs of hunger? Are there respectable citizens whose self-esteem could not be elevated by the acquisition of a much-needed new suit of clothes? The answer to these questions is at hand in our daily travels. Yet we hear of no organized movement to provide these commodities by a similar Utopian plan. Without benefit of statistics, we hazard the assumption that the proportion of the hungry and ragged among our people today far exceeds those who are in comparative need of medical attention. Social workers of our acquaintance assure us that lack of financial sustenance is of far greater moment to the unemployed and lower income groups today than is the need for improvement in medical care now available.

The fact that many people need but can not obtain adequate medical service is not to be denied. It is peculiarly the duty of the medical profession to correct this defect in our present system. However, we do not hold that such correction can more efficiently ensue from the edicts of a political government. Consideration of the condition of our school systems and our governmental activities in general constitutes a poor recommendation for an extension of governmental activity into the field of health control.

The Journal again reiterates its position that individual physicians must become fully informed of the various economic and social suggestions for a change in medical practice. It is not enough for your officers and your committee on medical economics to interest themselves in these problems. Every member of the profession is vitally concerned; it is his duty to study all proposals to better inform himself and his clientele of their defects or possible benefits. The periodical quoted is recommended as a beginning in this study. The Journal's copy may be obtained on loan if not otherwise available to our members.

EDITORIAL COMMENT

The 1935 Plan of Procedure for the Summer Round-up of Children, a pamphlet descriptive of this health activity of the National Congress of Parents and Teachers, has been received by The Journal. In reviewing the booklet, we are encouraged by certain statements which appear

(Continued on Page 159)

CONSTITUTION AND BY-LAWS
OF THE
ARKANSAS MEDICAL SOCIETY
1934*

CONSTITUTION

ARTICLE I.—NAME OF THE SOCIETY

The name and title of this organization shall be the Arkansas Medical Society.

ARTICLE II.—PURPOSES OF THE SOCIETY

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component Societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE IV.—COMPOSITION OF THE SOCIETY

SECTION 1. This Society shall consist of members, delegates and guests.

SEC. 2. MEMBERS. The members of this Society shall be the members of the component county medical societies.

SEC. 3. DELEGATES. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Society.

SEC. 4. GUESTS. Any distinguished physician not a resident of this State, who is a member of his own State Society, may become a guest during any Annual Session on invitation of the officers of this Society, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegates elected by the component county societies; (2) The Councilors; and (3) **ex-officio**, the President, Secretary and Ex-Presidents of this Society; provided, however, that the Ex-Presidents shall not have the power of voting.

ARTICLE VI.—COUNCIL

The Council shall consist of the Councilors, and the President and Secretary, **ex-officio.** Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Six Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organizations of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VII.—SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an Annual Session, during which there shall be held daily general meetings, which shall be open to all registered members and guests.

SEC. 2. The place for holding each annual session shall be decided by the House of Delegates. After conferring with the President and Secretary of the society, the time for holding each annual meeting shall be decided by the Committee on Arrangements of the component society of the county in which the meeting is to be held.

ARTICLE IX.—OFFICERS

SECTION 1. The officers of this Society shall be a President, President-Elect, three Vice-Presidents, a Secretary, a Treasurer and ten Councilors.

SEC. 2. The officers, except the Councilors, shall be elected annually. The terms of the Councilors shall be for two years, those first elected serving one and two years, as may be arranged, so that after the first year five Councilors shall be elected annually to serve two years. All these officers shall serve until their successors are elected and installed.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship this Society is ready to arrange with other State Medical Societies for an interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates, but shall not exceed the sum of $5.00 per capita per annum, except on four-fifths vote of the Delegates present. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Society for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee before action is taken thereon.

ARTICLE XII.—REFERENDUM

SECTION 1. A General Meeting of the Society may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates and when so ordered the House of Delegates shall submit such questions to the members of the Society, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Society, a majority of such vote shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding sec-

* As amended at the Fifty-ninth Annual Session, April 16-18, 1934.

tion, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Society shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in a bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS

CHAPTER I.—MEMBERSHIP

SECTION 1. The name of a physician on the properly certified roster of members of a component society which has paid its annual assessment, shall be **prima facie** evidence of membership in this Society.

SEC. 2. Any person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall not be entitled to any of the rights or benefits of this Society, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3. Each member, each member chosen as a delegate, and each guest in attendance at an Annual Session Session of the Society shall register in such manner as may be provided by the Secretary, giving his name, address, and the component society of which he is a member. When his right to membership has been verified by reference to the roster of his society, he shall receive a badge which shall be evidence of his right to all the privileges of membership at that session. No member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of this section.

SEC. 4. A physician who has been a continuous member for a term of fifteen years, who is not less than sixty-five years of age, who is an honorary member of his county society, may have his name carried on the roster of the State Society and receive its publication as an honorary member and the component society shall be exempt from payment of the annual assessment for his membership. An honorary member shall have the same privilege as other members.

CHAPTER II.—ANNUAL AND SPECIAL SESSIONS OF THE SOCIETY

SECTION 1. The Society shall hold an Annual Session at such time and place as has been fixed by the House of Delegates at the preceding Annual Session.

SEC. 2. Special Meetings of either the Society or of the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

CHAPTER III.—GENERAL MEETINGS

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings and of the Sections. The General Meetings shall be presided over by the President or by one of the Vice-Presidents, and before them shall be heard the address of the President and the orations, and such scientific papers and discussions as may be arranged for in the program.

SEC. 2. The General Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

CHAPTER IV.—HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall meet on the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business; provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component county society shall be entitled to send to the House of Delegates each year one delegate for every twenty-five members, and one for each major fraction thereof, provided that its annual report and assessments are in the hands of the Secretary thirty days prior to the annual meeting. Each component society, however, regardless of its number of members, which has complied with this Section, is entitled to one delegate.

SEC. 3. A majority of the Delegates registered shall constitute a quorum.

SEC. 4. It shall, through its officers; council and otherwise, give diligent attention to and foster the scientific work and spirit of the Society, and shall constantly study and strive to make each Annual Session a stepping-stone to future ones of higher interest.

SEC. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent on the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

SEC. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality, and shall continue these efforts until every physician in every county of the State who is reputable and eligible has been brought under medical society influence.

SEC. 7. It shall encourage post-graduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

SEC. 8. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 9. It shall divide the State into Councilor Districts, specifying what counties each district shall include, and, when the best interest of the Society and profession will be promoted thereby, organize in each, a district medical society, and all members of component county societies shall be members in such district society.

SEC. 10. It shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such

committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC 11. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

CHAPTER V.—ELECTION OF OFFICERS

SEC. 1. Immediately after adjournment of the first meeting of the House of Delegates at each Annual Session, the delegates from the component societies of each councilor district shall meet, the councilor acting as chairman, and select one delegate from each district to form a Committee on Nominations. This Committee shall consist of ten delegates, one from each councilor district. It shall meet and organize by selecting a chairman and secretary. It shall be the duty of this committee to consult with the members of the Society and to hold one or more meetings at which the best interest of the Society and of the profession of the State for the ensuing year shall be carefully considered. The committee shall report the result of its deliberations to the House of Delegates in the shape of a ticket containing the names of the three members for the office of President-Elect and of one member for each of the other offices to be filled at that Annual Session. No two candidates for President-Elect shall be named from the same county.

SEC. 2. All elections shall be by ballot, except where there is only one candidate, when election may be made by acclamation, and a majority of the votes cast shall be necessary to elect.

SEC. 3. The report of the Nominating Committee shall be the first order of business of the House of Delegates on the afternoon of the last day of the Annual Session.

SEC. 4. The election of officers shall be the second order of business of the House of Delegates on the afternoon of the last day of the Annual Session.

SEC. 5. Any person known to have solicited votes for or sought any office within the gift of this Society shall be ineligible for any office for two years. No member shall be eligible to any office of this Society who is not in attendance at the meeting at which the election is held.

CHAPTER VI.—DUTIES OF OFFICERS

SECTION 1. The President shall preside at all meetings of the Society and of the House of Delegates; shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The President-Elect shall be a member **ex-officio** of the Council and the House of Delegates without the power of voting. It shall be his duty to assist the President in visiting the component county and the district societies, and to familiarize himself with, and prepare himself for, the performance of his duties when he shall have succeeded to the presidency of the Society.

SEC. 3. The Vice-President shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 4. The Treasurer shall give bond in the sum of $6,000. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the Treasury only on a written order of the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 5. The Secretary shall give bond in the sum of $3,000; he shall attend the general meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be **ex-officio** Secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the Annual Session. He shall, with the co-operation of the secretaries of the component societies, keep a register of all the legal practitioners in the State by counties, noting on each, his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the county societies and in the extension of the power and usefulness of this Society. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports; shall keep an account with the component societies, charging against each society its assessment, collect the same and turn it over to the Treasurer, taking his receipt therefor. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the House of Delegates.

SEC. 6. The Council shall have authority to accept or reject all bonds.

CHAPTER VII.—COUNCIL

SECTION 1. The Council shall meet on the first day of the Annual Session and daily during the session and at such other times as necessity may require, subject to the call of the chairman or on a petition of three Councilors. It shall meet on the last day of the Annual Session of the Society to organize and outline the work for the ensuing year. It shall select a chairman and a clerk, who, in the absence of the Secretary of the Society, shall keep a record of its proceedings. It shall through its chairman, make an annual written report to the House of Delegates.

SEC. 2. Each Councilor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual written report of his work, and of the condition of the Profession of each county in his district at the Annual Session of the House of Delegates. The necessary traveling expenses incurred by such Councilor in the line of the duties herein imposed may be allowed on a properly

itemized statement; but this shall not be construed to include his expenses in attending the Annual Session of the Society.

SEC 3. The Council shall be the executive body of the House of Delegates and between Annual Sessions shall exercise the power conferred on the House of Delegates by the Constitution and By-Laws. It shall consider all questions involving the right and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual Councilor.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies, to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Society. It shall annually audit the accounts of the Treasurer and Secretary and other agents of this Society and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary. In the event of a vacancy in the office of the Secretary or of the Treasurer, the Council shall fill the vacancy until the next annual election.

SEC. 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office.

CHAPTER VIII.—COMMITTEES

SECTION 1. The standing committees of this Society shall be as follows:

1. A Committee on Scientific Work.
2. A Committee on Medical Legislation.
3. A Committee on Health and Public Instruction.
4. A Committee on Medical Education and Hospitals.
5. A Committee on Public Relations.
6. A Committee on Medical Economics.
7. A Committee on Scientific Exhibit.
8. A Committee on Arrangements.

Unless otherwise provided, these committees shall be appointed by the President. Each committee shall consist of at least three members. A greater number may be appointed whenever circumstances require a larger committee. As far as practicable, appointments shall be made so that the term of office of a third of the members of each committee shall expire each year. The President and Secretary shall be **ex-officio** members of all committees.

SEC 2. The Committee on Scientific Work shall consist of three members of which the Secretary shall be one. Subject to the instructions of the House of Delegates, this committee shall determine the character and scope of the scientific proceedings for each Annual Session. It shall prepare a scientific program for each Annual Session, determining the order in which papers and discussions shall be presented.

SEC. 3. The Committee on Medical Legislation shall consist of seven members. It shall represent the Society in all legislative practice. It shall keep in touch with professional and public opinion and maintain active relations with the Bureau of Legal Medicine and Legislation of the American Medical Association. It shall, at all times, endeavor to shape and guide legislation with a view to securing the best results for the whole people. It shall strive to organize professional influence so as to promote the general good of the community in local, state, and national affairs and elections. During sessions of the General Assembly, it shall keep itself informed as to the bills that are introduced, and shall inform the members of the Society through its Journal or by special bulletins, to the end that legislation inimical to the medical profession and the public shall be defeated, and legislation fostering the interests of public health and medical practice shall be enacted into law.

SEC. 4. The Committee on Health and Public Instruction shall represent the Society in those affairs having for their object the improvement in public and personal health, the prevention of epidemics, and the instruction of the people. It shall maintain close relations with the Board of Health, the State Health Officer, and the various health officials, assisting in the adoption of public health programs, the enforcement of sanitary laws, and the promulgation of other health activties of interest to the members of the Society. As occasion demands or when thought advisable, it shall supervise the preparation of articles of timely interest for publication in the newspapers or for broadcasting over the radio for the instruction of the public.

SEC. 5. The Committee on Medical Education and Hospitals shall serve this State for the Committee on Medical Education and Hospitals of the American Medical Association ,and shall have referred to it all questions pertaining to hospitals and medical education. It shall maintain close relations with the officials and faculty of the University of Arkansas School of Medicine, rendering at all times such assistance as it can in maintaining that institution as a Class A Medical School.

SEC 6. The Committee on Public Relations shall have referred to it all questions wherein the medical profession as represented by the Society is called upon for advice, for participation in private or public affairs and projects not coming within the duties outlined for the other committees. It shall be the publicity committee of the Society and shall have charge of all publicity issued in the name of the Society.

SEC. 7. The Committee on Medical Economics shall serve the State for the Council on Medical Economics of the American Medical Association. It shall investigate all matters affecting the economic status of physicians and shall report annually to the House of Delegates, such recommendations as may, in its judgment, seem proper.

SEC. 8. The Committee on Scientific Exhibit shall solicit and collect material from institutions and individual physicians of the State that is of scientific interest. This it shall arrange and exhibit at each Annual Session. It should

particularly strive to obtain material that will more fully illustrate the papers presented in the general meetings of the Society.

SEC. 9. The Committee on Arrangements shall be appointed by the component society of the county in which the Annual Session is to be held. With the President and Secretary it shall select the time of the Annual Session. It shall provide suitable accommodations for the meeting places of the Society and the House of Delegates, the scientific exhibit, the committees, and shall have general charge of all arrangements. Its chairman shall report an outline of the arrangements to the Secretary for publication in the program and shall make additional announcements during the session as occasion may require.

CHAPTER IX.—COUNTY SOCIETIES

SECTION 1. All county societies now in affiliation with this Society or those which may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Society.

SEC 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

SEC. 3. Charters shall be issued only on approval of the Council, and shall be signed by the President and Secretary of this Society. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the District if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

SEC. 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable and legally registered physician, who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society; and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

SEC. 6. Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in censoring, suspending, or expelling him, shall have the right to appeal to the Council, and its decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Council of the State Society for final determination. That the Council may be aided in rendering just decisions, it is necessary that the By-Laws of each component society provide in detail the routine to be followed in preferring charges and trying any member accused of and tried for any kind of unprofessional conduct.

SEC. 7. In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts; but in case of every appeal, both as a Board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

SEC. 8. When a member in good standing in a component county society moves to another county in this State, he shall be given a written certificate of these facts by the Secretary of his society, without cost, for transmission to the Secretary of the society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he moves such member shall be considered to be in good standing in the county society from which he was certified and in the State Society to the end of the period for which his dues have been paid.

SEC. 9. A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SEC. 10. Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

SEC. 11. At some meeting in advance of the Annual Session of this Society, each county shall elect a delegate or delegates to represent it in the House of Delegates of this Society, in the proportion of one delegate to each twenty-five members, and one for each major fraction thereof, and the Secretary of the county society shall send a list of such delegates to the Secretary of this Society at least ten days before the Annual Session.

SEC. 12. The Secretary of each component society shall keep a roster of its members, and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall endeavor to account for every physician who has lived in the county during the year.

SEC. 13. The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county, to the Secretary of this Society on January 1, and not later than March 1 of each year.

SEC. 14. Any county society which fails to pay its assessment, or make the report required, on or before March 1, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Society or

of the House of Delegates until such requirements have been met.

CHAPTER X.—MISCELLANEOUS

SECTION 1. No address or paper before the Society, except those of the President and orators, shall occupy more than twenty minutes in its delivery, and no member shall speak longer than five minutes nor more than once on any subject, except by unanimous consent.

SEC. 2. All papers read before the Society or any of the Sections shall become its property. Each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Society shall be governed by parliamentary usage as contained in Roberts' Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4. The Principles of Medical Ethics promulgated by the American Medical Association shall govern the conduct of members in their relation to each other and to the public.

CHAPTER XI.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that each amendment shall have been presented in open meeting at the previous Annual Session, and that it shall have been published twice during the year in a bulletin or Journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

EDITORIAL COMMENT

(Continued from Page 153)

therein. We quote: " * * * * round-up the children for examination and urge the parents to take them to the family physician and dentist for further advice and treatment." Quoting further, "It should be clearly understood that the Congress does not advocate free medical or dental service for the correction of defects, but refers the child to the family physician and dentist for treatment, unless it is found necessary to seek some benevolent agency to provide the service in selected cases." The desirability of individual attention rather than the haphazard examinations conducted under the many difficulties of the group clinic has received much attention of late from lay organizations as well as from medical societies. It has been discussed in The Journal by Robins[1] and a similar resolution by Bowie-Miller County Medical Society appears in this issue. The cooperation of all county medical societies with lay organizations interested in health activities is necessary for public welfare but it is the right of medical men to state how these examinations should be conducted. An insistence for examination in the physician's office is additional argument in favor of the present physician-patient relationship and its general adoption will react to the advantage of organized medicine.

[1] Robins, R. B. The Ouachita County Plan. J. Ark. M. Soc., July 1934, 31, 35.

A list of physicians not now members but apparently eligible for membership has been furnished each county secretary by the state secretary. This list was compiled from the 1934 Directory of the American Medical Association and shows in a striking manner just what increase in membership is possible for the Arkansas Medical Society should the county societies aggressively seek the affiliation of these non-members. A fifty per cent increase in numerical strength should result with active work on the part of county society membership committees. This does not imply lowering our standards in any manner; conversations with practically all county secretaries having well established the fact that there are many non-members worthy and eligible for membership in organized medicine. Mississippi County Medical Society through its secretary, F. D. Smith, has already contacted each eligible physician on the list furnished that county and expects to follow up this first contact with personal solicitations to insure eventual affiliation of these physicians. Similar efforts are needed in the other county societies. If each member of the Arkansas Medical Society would feel a personal responsibility in securing new members to strengthen the organization, an all-time high for membership would be attained by the time of the annual meeting in April.

The New Year should bring to the minds of each member of the county medical societies this question: "How successful a year will my society have this year and what can I do to help make it successful?"

County medical societies are the basic units in medical organization. Upon them devolves the duty of regulating professional affairs in their respective counties. Largely will public opinion guage the character of the medical profession in the community by the standards held by the county medical society. The county society is most important. It should be the pleasure of each physician to fully cooperate in making his society an efficient organization. Unfailing loyalty is the rightful demand of the society from its members; unfailing service from the society is the right of its members.

PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society was addressed at its January 3rd meeting by Drs. Paul Day, A. DeGroat, W. C. Langston, C. H. McDonald, A. E. Pirnique and F. Vinsonhaler, of the University of Arkansas Medical School Faculty.

Saline County Medical Society has elected the following officers: President, E. A. Buckley, Bauxite; Vice-president, T. C. Watson, Benton, and Secretary-treasurer, C. W. Jones, Benton. J. A. Burks and T. C. Watson were elected delegate and alternate respectively.

Miller County Medical Society has elected the following officers: President, N. B. Daniel; Vice-president, L. H. Lanier; Secretary-treasurer, B. C. Middleton; Censor, T. F. Kittrell; Delegate, H. E. Murry; Alternate, A. H. Mann.

Johnson County Medical Society has elected the following officers: President, J. M. Kolb; Secretary-treasurer, G. R. Siegel.

Pulaski County Medical Society has elected as President for 1935, Joe F. Shuffield, and re-elected E. H. White and R. J. Calcote, Secretary and Treasurer respectively.

Conway County Medical Society has reorganized as a separate county society for 1935, electing the following officers: President, J. H. Colay, Jerusalem; Vice-president, A. L. Goatcher, Plumerville, and Secretary-treasurer, C. E. Etheridge, Morrilton.

Hempstead County Medical Society has elected the following officers: President, G. E. Cannon; Vice-president, J. H. Weaver, and Secretary-treasurer, A. C. Kolb.

Sebastian County Medical Society held its annual banquet session on January 8th. Talks were made by I. F. Jones, retiring president; F. H. Krock, incoming president; Earle Hunt, Clarksville; H. Moulton, M. E. Foster and J. A. Foltz. J. H. Buckley acted as toastmaster.

J. W. Amis, Secretary.

H. Fay H. Jones, Little Rock, addressed the Medical Association of the Missouri Pacific Railroad January 25th at New Orleans on "Backache as Observed from Urological Viewpoint." L. J. Kosminsky, Texarkana, President of the Association, addressed the annual banquet session.

The Fifth Councilor District Medical Society met in banquet session at El Dorado January 8th Officers for 1935 were elected as follows: President, J. J. Baker, Magnolia; Vice-president, T. H. Jones, Magnolia, and Secretary-treasurer, S. A. Thompson, Camden. The following program was presented: "Pulmonary Tuberculosis," J. D. Riley, State Sanatorium; "Some Problems of the New Born," A. C. Kirby, Little Rock; "Fractures," W. V. Newman, Little Rock, and "Physiology of Fertilization in the Human Female," (motion picture), E. H. White, Little Rock. F. O. Mahony, El Dorado, and A. S. Buchanan, Prescott, addresesd the meeting on legislative matters following the scientific program.

D. E. White, Secretary.

Sevier County Medical Society has elected the following officers: President, I. G. Jones; Vice-president, C. E. Kitchens, and Secretary-treasurer, C. C. Hanchey.

Faulkner County Medical Society has elected the following officers: President, J. H. Downs, Vilonia; Vice-president, G. L. Henderson, Conway; Secretary-treasurer, J. S. Westerfield, Conway.

The Lawrence County Medical Society met with Dr. J. C. Hughes at Hoxie on January 8th, installing officers for 1935 as follows: President, H. R. McCarroll, Walnut Ridge; Vice-president, T. C. Neece, Walnut Ridge; Secretary-treasurer, Chas. D. Tibbels, Black Rock; and Censor, R. S. Kendall, Strawberry.

Woodruff County Medical Society has elected the following officers: President, R. N. Smith, Augusta; Vice-president, J. W. Morris, McCrory, and Secretary-treasurer, L. E. Biles, Augusta.

Prairie County Medical Society has elected the following officers: President, W. J. B. Williams, Des Arc; Vice-president, Edward Adams, De-Vall's Bluff; and Secretary-treasurer, J. C. Gilliam, Des Arc.

H. D. Wood, Fayetteville, addressed the Washington County Medical Society January 8th on "The Ethics of Consultation." This was the 88th birthday of the speaker who is the oldest physician in active practice in the United States, and the only living charter member of the Washington County and Arkansas Medical Societies.

Phillips County Medical Society has elected the following officers: President, J. B. Ellis; Vice-president, H. H. Rightor; and Secretary-treasurer, A. W. Cox.

The January 4th meeting of the Crittenden County Medical Society was devoted to a consideration of legislation affecting public health and the medical profession. The meeting was addressed by Drs. L. C. McVay, who spoke on medical insurance and socialized medicine; J. O. Rush, J. L. Jelks, A. M. Washburn and W. B. Grayson, and the following members of the legislature, Harve Thorne, Wilks and E. C. Gathings. The society has elected the following officers for 1935: President, T. S. Hare, Crawfordsville; Vice-president, R. H. Ray, Earl; and Secretary-treasurer, L. C. McVay, Marion.

PERSONALS AND NEWS ITEMS

"Medicine Applied to Business," by A. S. Buchanan, Prescott, appears in the December Tri-State Medical Journal.

Dr. H. A. Dishongh has been appointed deputy coroner for Pulaski County.

R. L. Fraser has been elected Historian of the McCrory Post of the American Legion.

Dr. Harvey S. Thatcher, Little Rock, has been appointed the member of the Council of the Southern Medical Association from Arkansas for a regular Council term of five years, the appointment having been announced recently by the President, Dr. H. Marshall Taylor of Jacksonville, Florida. Dr. Thatcher succeeds Dr. Morgan Smith, Little Rock, who, having served the constitutional limit, was not eligible for reappointment.

C. A. Henry, Clarendon, has been appointed director of the Saline County Health Department, succeeding T. C. Watson, who returns to private practice.

James K. Grace has resigned as Surgeon, C. C. C. Camp, Mount Nebo, and has returned to private practice at Belleville.

R. H. Huntington has been elected Scribe of the Eureka Springs chapter, Royal Arch Masons.

I. R. Johnson, Blytheville, has established a laboratory in connection with his office with a technician in charge.

C. B. Capel, Pine Bluff, entertained at a venison dinner on December 14th for Pine Bluff physicians, their wives, the nurses of the city, and members of the board, staff and auxiliary of Davis Hospital.

C. D. Winborn, formerly of Dallas, has associated himself with J. G. Mitchell at El Dorado.

S. M. Self, Walcott, lost his office and fixtures by fire on December 2nd.

J. C. Miller, Malvern, entertained the following physicians of that city at dinner December 27th: E. H. McCray, W. F. Barrier, W. G. Hodges, H. L. Brown, J. M. Williams, and E. T. Bramlitt.

J. T. Altman, Jonesboro, addressed the Craighead County Bar Association December 28th.

Dr. and Mrs. D. E. Evans, Harrison, celebrated their 54th wedding anniversary December 23rd.

W. B. Bruce, Helena, has been elected Chairman of the Eastern Arkansas Park Association.

Drs. E. D. McKnight, Brinkley, and L. D. Duncan, Waldron, have been re-appointed to the State Board of Health for four-year terms.

Byron L. Robinson and W. C. Langston, of the University of Arkansas Medical School faculty, received third award in the Scientific Exhibit of the Southern Medical Association for their exhibit on castration atrophy and theelin.

Newly-appointed county health officers are: W. P. Scarlett, for Monroe County, and J. Kent Grace, for Yell County.

W. E. Gray, formerly with Drs. Rhinehart, has located in Hot Springs National Park, where he will take over the office of the late Dr. W. L. Snider.

R. R. Kirkpatrick, Texarkana, has been elected President of the Michael Meagher Hospital staff.

Earle Hunt addressed the Johnson County Medical Society December 26th on "Empyema."

J. E. Neighbors, Stuttgart, suffered flesh wounds of the chest and left arm by the accidental discharge of his shotgun on January 12th.

C. S. Holt, Fort Smith, spent a vacation in New Orleans and Memphis during January.

E. L. Matthews acted as Chairman of the Morrilton Roosevelt Ball.

Drs. G. A. Hebert, C. H. Lutterloh and D. B. Stough of Hot Springs National Park, and C. W. Jones, Benton, attended the Centennial Clinics of Tulane University in December.

Ralph Sloan, Jonesboro, addressed the Green County Medical Society at Paragould January 10th.

"The Spa Treatment of Arthritis" by M. F. Lautman, Hot Springs National Park, appeared in the January issue of Southern Medicine and Surgery.

RESOLUTION

Whereas, God in His infinite wisdom has suddenly snatched from our midst our friend and colleague, Dr. W. L. Snider; and

Whereas, Dr. Snider was endeared to us by his genial personality, his kindliness, and charitable nature. Not only did his traits of character appeal to us and make us desire to emulate them, but we shall ever remember his technical skill and mechanical genius. The technical beauty of his X-ray films were a revelation to all who saw them and men in his line envied that skill which many strive for but few attain. Before the World War, Dr. Snider's good work in his chosen line was recognized, but during the war, there was a steady growth in his technical skill. The teaching was easily absorbed, to become a part of him, broadening him in every aspect and making of him one of the best experts in the Southwest. Dr. Snider once told one of his colleagues that he was a much better X-ray man after the war and when asked in what respect, he said, "In ability to correctly interpret." This power of interpretation, he made available to our profession through the years and it is to us a profound source of regret that we no longer have that aid, and

Therefore, Be it resolved, that the Garland County-Hot Springs Medical Society in session assembled express our appreciation for the noble work that Dr. Snider has done among us; that we, as a Society feel a sense of personal loss at his death and shall ever cherish his memory; and that we recommend to the members of the Society that they follow the high technical and ethical standards which Dr. Snider unfailingly followed; and

Be it further resolved that we express our sympathy to Mrs. Snider for her irreparable loss; and that a copy of this resolution be sent to Mrs. Snider and to Dr. Snider's father and Dr. William V. Laws; that a copy be spread on the minutes of the Society and that a copy be sent to the press.

OBITUARY

WARREN LAWS SNIDER, aged 56, died suddenly at his home in Hot Springs National Park December 12th following a heart attack. He was born in Fairland, Indiana, on March 18, 1878, and graduated from the Medico-Chirurgical College of Pennsylvania in 1902. He located in Hot Springs National Park in 1911 and had devoted himself to roentgenology since that time. He served during the World War. Surviving him are his wife, his father, Dr. J. W. Snider, an uncle, Dr. W. V. Laws, also of Hot Springs National Park, and a brother.

WILLIAM HUNT BLANKENSHIP, aged 68, died at his home in Pine Bluff December 12th after an illness of several weeks. He was born in Louisiana in 1866 and graduated from the College of Physicians and Surgeons in Baltimore in 1893. Of his 43 years in the practice of medicine, the last 13 were spent in Pine Bluff. He is survived by his wife, four daughters and three sons.

FRANK E. HURRLE, Little Rock, aged 54, died January 14th of injuries sustained in an automobile accident on January 11th. Born in Louisville, Kentucky, January 14, 1881, Dr. Hurrle attended a pharmacy school following completion of his high school course. He came to Pine Bluff to manage a drug store but later entered the School of Medicine of the University of Arkansas, graduating in 1911. He was a member of the Pulaski County and the Arkansas Medical Societies, St. Andrews Cathedral, Knights of Columbus, the Catholic Knights of America, F. O. Eagles and Modern Woodmen of America. He married Miss Virginia Walker of Pine Bluff in 1918, who survives him. Other surviving relatives are his mother, three sisters and a brother.

COMING MEDICAL MEETINGS

Mid-South Post Graduate Medical Assembly, Memphis, February 12-15th.

American College of Surgeons, (District), Kansas City, March 12-13th.

Dallas Southern Clinical Society, Dallas, March 18th-22nd.

Arkansas Medical Society, Fort Smith, April 15-17th.

DOCTORS, AS HUSBANDS*

'Though my talk should be humorous
I know you'll agree
That a serious subject
Was given to me.

For who marries a Doctor
And is a true wife,
Must join the Profession,
And serve it for Life.

She must learn to be friendly
When answering the phone;
Take down the right numbers
When the Doctor's not home.

If a voice, in a frenzy,
Cries, "Get him, quick, please,
For my baby has just
Developed a sneeze."

She must soothe her, and calm her,
For woe will befall,
If she can't locate her husband
And give him the call.

His patient will tell her
How wonderfully kind,
How sympathetic, he is,
And how cheerful, they find.

When he enters the sick-room,
Improvement, they show;
He says not to worry
If recovery is slow.

That already they're better,
And he'll do his best
If they will be patient
And keep on with their rest.

But—if this same Doctor,
As a Husband, comes home
And finds his wife ill—
Oh, my, what a moan.

A pucker of worry,
An impatient tone:
"You've been doing too many things
Outside of your home.

"Stay in bed—just be quiet—
Let things slide and go slow;"
Then off to a meeting
He hastens to go.

She recalls how his patients
His virtues relate,
But she finds, as a Husband,
He wants no complaint.

If she follows directions,
Quite soon she will find
That he didn't expect her
His orders to mind.

He's tired of the sickroom
And hospital sights;
He wants order and cheer
When he comes home nights.

She must never be tired
Or tell what has gone wrong;
He's heard fool women whine
The whole day long.

Then—if one of the children
Breaks out in a rash;
It's "Measles or Smallpox,"
He cries, quick as a flash.

To his wife's anxious questions
He gruffly replies,
"She must be kept quiet,
So humor her cries.

"Call the Doctor at once;
No, call two or three.
We'll have consultation
As soon as can be.

It may not be fatal;
It's too early to tell;
But if pneumonia sets in,
She just can't get well."

So, instead of one patient,
The wife nurses two—
Her child, and her husband—
Now, isn't this true?

He may be a Specialist
Working hours at a spell
Sorting stamps, new and old,
I know one such, quite well.

If I say, "Let's play bridge,
Shall I phone anyone?"
He replies, "I'm too tired,"
But the sorting goes on.

"See this stamp? It's unusual,
There are but few of its kind;
I got this from a patient,
It's really a find."

It may be your husband
At fishing, ranks high,
And is a fine Specialist
At casting a fly.

Off for week-ends he goes,
With two or three men,
Wades miles, in huge boots,
Through the swift water, and then

Thinks nothing of rowing
A heavy boat up the stream—
But work around home
Is too tiring for him.

Your kind of Doctor
I may now have in mind;
The one who chooses golf
For his specialty line.

If the weather is bad
Or he's off of his game
It's up to his wife
To cheer him again.

* Given before Ladies' Night, Fort Smith Clinical Society, November 22, 1934.

He plays every Sunday
And holidays, too;
But he's too busy to picnic
With the children, and you.

If we're asked out to dinner,
We must often say "No—
It's Staff meeting night—
Doctor feels he should go."

There you are—Doctor Husbands—
As Doctors, you'll do;
But as Husbands—that's different,
As I've proven to you.

Since we've chosen to marry
Professional men;
We'll make of our bargain,
The best that we can.

We'll share you with your patients
And your Specialties, too;
For we're proud to serve
The Profession, with you.

—Juliette G. Moulton.

AUXILIARY NEWS

"THE MODERN DOCTOR"

I visited a Modern Doctor one day
To ask him my various pains to allay,
He thumped on me here, and beat on me there
Till I thought I'd be blue, from my heels to my hair.

Then numerous questions, he began to propound
To see if the reason for why could be found.
Talk about manners, that Doctor sure had 'em
He asked the health of my relatives, way back to Adam.

He said, "Do you eat eggs, potatoes and fish?"
I answered yes, just as much as I wish.
How about spinach, ice cream and fresh meat?
Sure do, said I, and think them a treat.

Well, do you motor, swim, or play golf?
Yes, all of them, every moment I'm off.
Then he felt of my pulse, and gazed at my tongue,
And so, lookin' wise, did say what was wrong.

Your trouble, said he, I plainly can see,
It's what you do do, with you don't agree.
So quit what you do do, and do what you don't.
For what you don't may agree, as what you do do, wont.

—Mrs. E. A. Hawley, Texarkana, Arkansas.

The Obstetrical Pack Committee of the Woman's Auxiliary to the Pulaski County Medical Society met at the home of Mrs. B. A. Bennett December 4th. Those present were Mrs. J. B. Crawford, president of the auxiliary; Mrs. Anderson Watkins, chairman of the committee; Mrs. F. E. Hurrle, Mrs. C. C. Reed, Mrs. W. H. Miller, Mrs. H. A. Higgins and Mrs. George Jackson. Material was prepared for 15 kits. Refreshments were served by Mrs. Bennett, asisted by her mother, Mrs. Armstrong.

The semi-annual meeting of the auxiliary of the Ninth Councilor District met December 4th at the home of Mrs. D. L. Owens, of Harrison, with Mrs. Owens and Mrs. J. H. Fowler as joint hostesses.

A very interesting program, consisting of readings, musical numbers and a tap dance, was rendered. During the business meeting thirteen members paid dues. A salad plate was served by the hostesses.

Mrs. A. L. Carter, Pres.
Mrs. J. H. Bohannan, Sec'y.

The Woman's Auxiliary to the Sebastian County Medical Society met January 14th at the home of Mrs. W. R. Brooksher, Jr., Fort Smith. Reports were heard from all committees and plans for the work during the year were discussed. Plans were outlined for the coming state convention and the following committees were appointed by the president, Mrs. Eugene Stevenson: General Chairman —Mrs. W. R. Brooksher, Jr.; Entertainment, Mrs. M. E. Foster; Decoration, Mrs. A. F. Hoge; Luncheon, Mesdames E. C. Moulton, Pierre Redman, and C. S. Holt; Tea, Mesdames S. J. Wolfermann, J. A. Foltz and J. C. Amis; Program, Mesdames D. W. Goldstein and A. A. Blair; Publicity, Mrs. Walter G. Eberle; Transportation, Mrs. W. F. Rose; Courtesy, Mesdames I. F. Jones, J. S. Southard, A. S. Chapman, B. B. Bruce, H. W. Savery and F. H. Krock; and Registration and Credentials, Mesdames B. W. Freer, S. P. Stubbs, C. S. Bungart and G. G. Woods. Mrs. C. S. Holt and Mrs. F. H. Krock invited the members of the Auxiliary and their husbands to a party to be held in February. Mrs. H. H. Smith was accepted as a new member. The meeting was a most interesting one, every active member with the exception of two who were out of town being present for the meting. Refreshments were served after the business session.

The following committee from the Woman's Auxiliary to the Sebastian County Medical Society served on the President's Ball Committee: Mesdames W. R. Brooksher, Jr., W. F. Rose, S. J. Wolfermann, A. F. Hoge, W. G. Eberle, D. W. Goldstein and Pierre Redman.

BOOK REVIEWS

Medicine Marches On. By Edward Podolsky, M. D. Pp. 373. Price $3.50. New York: Harper and Brothers, 1934.

The author dramatically recounts recent advances in the treatment of disease. Some statements regarding new discoveries are too positive and perhaps add to the marvels of medicine in an unwarranted degree. The book is written for the non-medical reader but will prove entertaining to the physician.

Clinical Laboratory Methods. By Pauline S. Dimmitt, Ph. G., Medical Technician for the Stout Clinic, Sherman, Texas. Pp. 148 with 36 illustrations and 7 colored plates. Price $2.00. Philadelphia: F. A. Davis Company, 1934.

This book was brought out after years of work in clinical laboratories and from experience as an instructor in medical biological chemistry. The volume is an interesting and concise account of all the latest approved laboratory procedures. Marked simplicity of material enables students and technicians to carry out the work in a scientific way, emphasizing accurate and reliable agents. The 36 illustrations and the 7 colored plates are very helpful in giving the student a better picture of the methods and results. Here, at least, is one book that a student can study from front to back without having to skip chapters to avoid confusion.

1934 Year Book of Radiology. Edited by Charles A. Waters, M. D., and Ira I. Kaplan, M. D. Pp. 512. 454

illustrations. Price $4.00. Chicago: The Year Book Publishers, 1934.

That the publishers should elect to continue this valuable volume in times of economic unrest is appreciated by those who have access to the preceding years' issues, but that it should appear with a price reduction revives one's belief in the goodness of mankind and in book publishers particularly. This volume is an indispensable work of reference to all radiologists, a handy desk companion. All literature for the current year of interest and merit has been capably abstracted. The use of 454 illustrations in its 512 pages is an index of the extent to which the abstracts are pictorially presented. The diligence of the editors in its compilation excites our highest admiration.

The Heart Visible: A Clinical Study in Cardiovascular Roentgenology in Health and Disease. By J. Polevski, M.D., Attending Physician and Cardiologist, Newark Beth Israel Hospital. Pp. 208. Price $5.00. F. A. Davis Company, Philadelphia, 1934.

The author thoroughly discusses cardiac visualization in this monograph, stressing the importance of floroscopic visualization. The book is directed to both the clinician and the roentgenologist; the former, in an endeavor to familiarize him with the roentgen-ray aid that he may obtain in his studies; to the latter, in an endeavor to enable him to observe roentgenologically those phenomena which the clinician has elicited by other methods. The technical factors, the normal heart, the abnormal heart, the pericardium and the great vessels are presented in authoritative detail. Written in lucid style with 122 illustrations, the volume is a veritable atlas on the subject. It is an indispensable text for the roentgenologist and the clinician who are called upon to interpret cardiac signs and symptoms.

A Manual of the Practice of Medicine: By A. A. Stevens, A.M., M.D., formerly Professor of Applied Therapeutics in the University of Pennsylvania; Honorary Consulting Physician to the Philadelphia General Hospital; Consulting Physician to St. Agnes Hospital, Philadelphia. Thirteenth Edition, Revised. 685 pages. Philadelphia and London: W. B. Saunders Company, 1934. Cloth, $3.50 net.

This book has been in use since 1892 and the fact that this is the thirteenth edition is sufficient evidence that it is of value to students and practitioners. It is not a complete digest of medical practice but epitomizes symptoms, diagnosis and treatment of the conditions met by the average physician. Considerable new matter appears in this revision including massive collapse of the lung, psittacosis, hyperinsulism and agranulocytic angina. It is a convenient reference volume with the attributes of simplicity and brevity, a valuable book for the busy physician or for the medical student.

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THE KNEE JOINT*

F. WALTER CARRUTHERS, M. D., F. A. C. S.,
Little Rock.

The essayist wishes to call to your attention a group of clinical cases that are in a great part responsible for the acute and chronic disabilities of the knee joint.

It is appalling, though none the less true, that many lesions of the knee have been looked upon as medical curiosities because they have not been properly recognized. It is the purpose of the essayist to consider the knee in a general way from the anatomical, functional and pathological sides as it is related especially to the so-called internal derangements; and to view as briefly as possible the unusual clinical lesions characterized by loose bodies, osteochondritis dissecans, and the more common types of synovitis, both acute and chronic, including in a minor way, tuberculosis.

An internal derangement of the knee as described by many of our authorities is "A mechanical disorder caused by a product of the joint itself; the obstructed tissue may be the result of either traumatic or pathologic process and is always intra-articular."

There is probably no bone or joint condition which presents itself to the surgeon, internist or specialist, that is more interesting than those of the knee joint. In considering the knee, let us take up first the question of its anatomy. It is a well-known fact that the knee is the largest and strongest joint in the body. It serves two distinct purposes, locomotion and weight bearing. Its strength is supplied by many factors, including the large ligaments on the outer side, as well as its many delicate and intricate parts, known as the crucial ligaments, semilunar cartilages and its large synovial membrane. Its internal covering consists of a large synovial membrane, which is naturally subjected at all times to trauma and disease.

These structures, the joint capsule with its supporting ligaments and tendons, the semilunar cartilages, the femoral articular cartilage, the crucial ligaments, the tibial spine, the synovial membrane and the infrapatellar fat-pad, are the structures involved in internal derangements of the knee. Together they make up a joint remarkable for its combination of strength with range of motion; a combination due to the shape of the articulating bones, the interposition of the semilunar cartilages, the admirable ligamentous protection both inside and out, and the close apposition of hard and soft structures in all positions of the joint, a combination giving rise to many pathological entities.

Furthermore, the knee joint, because it is a weight-bearing joint, because it has a complicated mechanism, and because of the many structures that are subjected to trauma, laceration and rupture, is naturally prone to injury, entirely incapacitating, and very often difficult to represent.

The pathological situation, aside from the more or less rare types of cystic degeneration, is associated with an involvement of either the internal or external cartilages, the lesions being due to injury or infection. From the injury standpoint are those that result in tears, fractures, loosening or even complete avulsion of one or more of the cartilages, the injury resulting in the "Bucket Handle" fracture (so-called because of its resemblance to the old English leather bucket), or tears of one of the cartilages. Transverse fractures are also commonly noted. The bucket handle fracture, hyperimmobilization, or loose bodies may cause marked symptoms and should not be overlooked. The effect on the joint in recurrent cases is the inevitable general arthritic sequelae. The pathological conditions arising from lesions of the semilunar cartilages, loose bodies, osteochondritis dissecans, osteophytis, osteochrondromatosis, chondromalacia of the patella, the acute and chronic synovitises, the classical Charcot's joint and tuberculosis, leave little for consideration.

* Read with demonstration of cases before the Fifty-ninth annual session of the Arkansas Medical Society held in Little Rock, April 16-18, 1934.

CLINICAL SYMPTOMS AND DIAGNOSIS

The symptoms of internal derangements of the knee are chiefly subjective and are due primarily to mechanical obstruction and secondarily to reactions in and about the joint. It is a well known fact that in many instances an exact diagnosis is impossible without first operating for explorative purposes. Yet, in a general way, the symptoms will typify the mechanical obstructive lesion and will form a basis for the diagnosis.

The presence of fluid in the knee joint should always be regarded as a serious matter. We know that injuries to the knee joint are very frequent. Sir Robert Jones has reported more than two thousand cases of displacements of the semilunar cartilage alone, operated with success, showing the frequency of this condition and the advisability of surgical intervention.

FIG. 1

Amount of flexion following a synovectomy of the knee.

The X-ray diagnosis of knee joint conditions can be relied upon in many cases but the history and physical findings are often the reliable source of your final diagnosis and conclusions.

LESIONS OF THE SEMILUNAR CARTILAGE

Lesions of the semilunar cartilage occur most frequently among young active adults, with a predisposing trauma which may be severe or even insignificant. About 70 per cent involve the internal semilunar cartilage and about 30 per cent involve the external semilunar cartilage. Those involving the external cartilage usually follow the most violent form of injury. However, at a recent meeting in this country where the essayist, Mr. Naughton Dunn of Birmingham, England, called our attention to the fact that in a series of 250 cases of disturbances in the cartilages, both internal and external, 171 involved the internal cartilage and 79 the external cartilage. He cautioned the surgeon doing exploratory operation on the knee not to overlook examination of the external cartilage as unexpected disturbances will frequently be found.

LOOSE BODIES

Loose bodies, or the so-called "joint mice," are sometimes very puzzling but are readily understood if all their physical possibilities are kept in mind. They may lie loosely in the joint and at times can be felt on palpation. The patient will tell you that he can feel a mass first on one side then on the other. Again a partially detached fragment may lie flush with the articulating surfaces and cause practically no trouble. It may become secondarily attached to the membrane lining. The history will show a sudden attack of pain usually due to the nipping of the body between the articular ends. The larger fragments give rise to less acute symptoms, because they are less likely to engage between the articular surfaces. In osteochrondromatosis, owing to their size, the bodies become caught much more frequently, giving rise to less acute symptoms. The difficulty in diagnosis of osteochrondromatosis is chiefly in the early cases which may simulate a general arthritic involvement.

Osteochrondromatosis occurs in young adults, generally giving a history of chronic disability of the knee with locking, abnormal mobility and swelling. In passing, it seems hardly necessary to emphasize the importance of X-ray examination in all cases involving the knee. However, do not depend too much upon the X-ray, as the only change that may be noted is a narrowing of the joint space on the affected side. Air, oxygen and iodized oil injections into the knee joint have been described by many authorities as an aid in diagnosis. Such technic has not been employed by the essayist.

TUBERCULOSIS

In tuberculosis of the knee, age is the paramount point for consideration. In childhood tuberculosis of the knee little need be said other than to emphasize its possibilities and symptoms. As in tuberculosis of all joints, it is incipient in its onset and usually preceded by a history of trauma. The physical examination is relatively negative except for very mild, if any, swelling, and the patient complains of mild pain on pressure directly over the flexed knee joint surface. The child walks with a limp. In the early case the

X-ray is negative. Treatment should consist of immobilization in a plaster cast with supportative constitutional treatment as in tuberculosis elsewhere.

In the adult tuberculous process, everything being equal, it is generally conceded that tuberculosis of the knee joint warrants only one thing, resection. A good result rarely follows conservative treatment and so much time is consumed, that with the facts squarely before the patients, most of them will select resection as the choice of treatment. It must be borne in mind that tuberculosis of the knee joint is a blood borne disease, always secondary to a focus elsewhere in the body, therefore, your patient must be thoroughly examined and searched for other tubercular foci. Bear in mind always that in either childhood or adult tuberculosis, the onset of the disease is gradual and the outstanding objective symptoms are a limp, local heat, and possibly flexion of the knee, while the subjective symptoms are stiffness and pain on motion. Furthermore, it is characterized by its chronicity, tendency to remissions and the fact that the patient is never completely free of symptoms. Early diagnosis is paramount and essential. If the diagnosis is delayed until the lesion is so self-evident that abscess and perhaps sinuses have formed with the customary secondary pyogenic infection, the danger of resection is greatly increased. Two cases that I wish to present today are both adults, one of eight years standing and the other ten years standing prior to the resection. Both patients now have firm, stable knees, and both are following the same occupation as prior to the onset of the disease.

Acute or chronic arthritis may resemble internal derangements with pain or tenderness generalized in a way. Direct locking of the joint is seldom present, but there is a frequent complaint of a giving-away or a weakness of the joint. The X-ray is a big help here and furnishes further proof of the usual articular change.

Rupture of the crucial ligaments and fractures of the tibial spine are not an uncommon occurrence and are usually due to, or associated with, direct violence. Fracture of the tibial spine presents a bony block on full extension and is easily noted on X-ray examination. The usual signs of cartilage derangements are absent.

The treatment of simple synovitis, either acute or chronic, should be very scientific and with definite purposes in view. The treatment of traumatic synovitis of the knee with effusion calls for early aspiration followed by early motion and active use. This, as you probably know, is in marked contrast to the former time-honored tedious immobilization followed by massage, baking and active motion. Early aspiration of the acute effused knee makes possible almost immediate resumption of walking and a perfect knee in contrast to a disabled and weakened one. Furthermore, we have found in the majority of our aspirations that the fluid aspirated is a bloody one and not the clear type so often mentioned. This is due to rupture of some intricate part of the knee joint and knowing this, a clearer understanding may be obtained of the cases that become chronic.

Following aspiration, immediate actual weight-bearing is not recommended. It encourages and

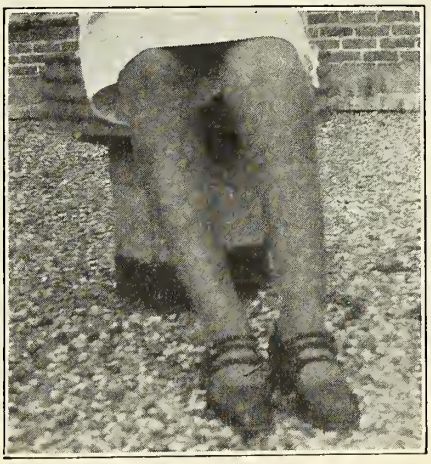

FIG. 2

Amount of flexion following a reconstruction operation for a congenital abnormality of the knee.

further traumatises the injured parts and delays rather than accelerates cure. It should be avoided for about a week, meanwhile permitting movement of the joint in bed and while the patient is up on crutches. I do not hesitate to aspirate several times. In many cases, I open the joint, wash it out first with hot normal salt solution, and follow with a weak iodine and glycerine solution. This same type of treatment is also applicable to any of the milder types of simple infectious synovitis as well as to the chronic. On the other hand, many of these cases progress to a stage where hypertrophic and atrophic changes have taken place. Then it becomes necessary to resort to a more radical procedure, namely, synovectomies. To emphasize these cases, I am pre-

senting three case histories and the patients in person showing the result of synovectomies. We should select cases for this type of surgery from the pathological occurrence in the various forms of arthritis, or after considering more or less the types of classical arthritis. Most of them can be said to be suitable for synovectomies. Every case must be considered a problem to itself and all factors must be carefully considered. All authorities have agreed that every possible focus of infection should be removed and conservative measures thoroughly tried. When faced with a chronic disease of the joint that fails to respond to conservative measures, however, I think one is justified in resorting to synovectomy. All of these cases have responded most beautifully to the treatment and are here for your inspection.

FIG. 3

Amount of extension gained, same as figure 2.

DIFFERENTIAL DIAGNOSIS

Some of the conditions that one must consider before a final diagnosis is made are ligamentous ruptures, fractures of the tibial spine, periarticular exostosis, other types of loose bodies, chronic arthritis in all forms, and a very common condition which the essayist has found in a large percentage of knee conditions, namely hypertrophy of the infra-patellar fat-pad. Here again the actual physical findings are the key to your diagnosis, in that the fat-pad can be seen enlarged on either side of the patella. Full extension may be painful, and in most cases impossible. True locking in this condition is rare, but the patient complains of pain and recurrent effusion after even mild exercise.

TREATMENT

Murphy has said, "An operation upon the knee joint is one of the most difficult of all operations." The indications for treatment of any knee joint condition depend upon the age of the patient, the type of lesion as best determined, the question of recurrence, and the severity of associated symptoms. Displacements with locking of the knees occur occasionally in young children with moderate knock-knee deformity and relaxed knee joints. They are usually bilateral, not associated with reactions or swelling, pain or tenderness and a period of disability. They usually respond to measures for correction of the knock-knee deformity and for improvement of the musculature of the legs and thighs. Manipulation or operation is, therefore, rarely, if ever, indicated in pre-adolescent years. Injuries of the semilunar cartilages are occasionally seen in elderly people. Such patients are not good operative risks; associated chronic arthritis is likely to make the convalescence prolonged and difficult. Unless the patient is unusually active and well, non-operative measures should be employed.

In case of the initial injury, reduction of the displaced cartilage should be accomplished as soon as possible and the patient should be put at rest with the knee splintered until the swelling has subsided. The subsequent treatment may then be followed. It is essential in these cases, however, to warn the patient of the possibility of recurrences and the importance of avoiding certain movements and positions which are likely to cause them. It is equally important to plan exercises for the development of the thigh and leg muscles. The best guarantee against recurrence is a strong thigh musculature, for the stability of the knee joint is dependent more upon its muscular support than upon its ligamentous support. It should be borne in mind that patients with any degree of knock-knee deformity are more subject to recurrence than those with straight or slight bow-legs. Overweight associated with knock-knee deformity almost guarantees a recurrence.

The treatment of acute cases consists in proper reduction of the cartilage whereby the knee can be fully extended. If there is present a large amount of effusion, aspiration of the joint should be done. The knee then should be placed in a well-fitted plaster of paris cast for complete immobilization. In the chronic or recurrent cases, or in those in which the cartilage has

been badly crushed or split, open operation and complete removal is indicated, and should be done to insure complete recovery and return to a normal condition.

The basis for this article is founded upon a review of 198 cases taken from the files of the essayist covering the period from April 1921 to April 1934, and are as follows:

Arthritis—Acute Infectious, non-specific	13
Chronic	16
Hypertrophic	13
Suppurative	9
Displaced semilunar cartilages, internal	26
Displaced semilunar cartilages, external	3
Hypertrophy of infra-patella fat-pad	16
Synovitis—Acute infectious	52
Chronic	14
Traumatic, non-infectious	36
Total	198

The question of reconstruction operations on

FIG. 4

Amount of extension gained on left knee by double synovectomy. Amount of flexion gained on right knee by double synovectomy.

the knee, better known as arthroplasties, has reached a stable point in recent years. There is no longer a doubt as to the feasibility of reconstruction operations on joints in general, especially the knee joint.

The essayist has performed fourteen operations for reconstruction of the knee joint. One of them, a clinical case which I am presenting today, is the result of a congenital anomaly of the knee in a young woman 26 years of age. This patient could flex the knee forward but was unable to flex the knee backward in the normal manner due to the congenital maldevelopment of the condyles of the knee. This knee was reconstructed by the writer some seven years ago and the patient is here for your inspection today.

Again referring to arthroplasties: they are as a rule contraindicated in a tubercular process because of a likelihood of a flare-up in an old healed process. On the whole, arthroplasties of the knee give satisfactory results in the majority of cases, provided they are selected with care. Much of the success depends upon the fortitude and courage of the patient to carry through the somewhat painful postoperative physiotherapy. Only then can good results be expected.

CONCLUSIONS

(1) Be sure of your diagnosis in knee joint conditions.

(2) Proper surgical procedure is as scientifically indicated in the knee as in any other structure of the human body.

(3) The presence of excess fluid in the joint should always be viewed with suspicion.

(4) Give careful and repeated examinations in making diagnosis of internal derangements of the knee.

(5) Removal of the offending object is the sure way to obtain a cure.

(6) Remember that operation upon the knee joint is one of the most difficult of all operations.

539 Donaghey Building, Little Rock.

ANNOUNCEMENT

Inasmuch as the scientific exhibits in the past at our state meetings have constituted such a large percentage of the educational feature of such assemblies, the committee on scientific exhibits at this time wishes to ask for a wide participation in this field by the members of our society. Doctors planning on having exhibits at Fort Smith on April 15, 16, and 17, are urged to get in touch with members of this committee as soon as possible so that adequate space and lighting facilities may be arranged for.

FRED KROCK, M. D., Chairman,
Committee on Scientific Exhibits.

COMING MEDICAL MEETINGS

American College of Surgeons, (District), Kansas City, March 12-13th.

Dallas Southern Clinical Society, Dallas, March 18th-22nd.

Arkansas Medical Society, Fort Smith, April 15-17th.

THE EFFECT OF POSTURAL CHANGES ON BLOOD PRESSURE AND PULSE RATE*

CHAS. H. LUTTERLOH, M. D., F. A. C. P.,
Hot Springs National Park.

Three cases presenting like symptoms and termed "postural hypotension" were reported by Bradbury and Eggleston[1] in 1925. These cases exhibited the following phenomena: (1) a critical fall of blood pressure with changes from the horizontal to the upright position attended at times with syncope, (2) a slow pulse in spite of the marked fall in blood pressure, (3) anhidrosis, (4) an increased distress during the heat of the summer months due to the inability to perspire normally, (5) a slight decrease in the basal metabolic rate, (6) signs of slight and indefinite changes in the nervous system, and (7) blood urea at the upper limits of normal. Other signs and symptoms often noted in this condition were: (1) a greater excretion of urine during the night than during the day, (2) loss of sexual desire and potency, (3) a false general appearance of youth in comparison to the true age, (4) pallor of the skin and mucous membranes, (5) secondary anaemia and (6) chronic diarrhea.

In a review of the literature Barker[2] has found that fourteen cases of true postural hypotension have been reported, including his own case. Since this review Sanders[3] has reported one additional case accompanied by tachycardia; Duggan and Barr[4] have reported a case in conjunction with Addison's disease; and Allen and Magee[5] have recently reported a case making in all a total of 17 cases. All of the reported cases manifested some of the above mentioned phenomena. The drop in the systolic pressure from the horizontal to the upright position was usually marked, being as a rule 50 points or more with a corresponding drop in the diastolic pressure. This sudden drop was usually associated with symptoms of marked dizziness, a definite pallor, and in most instances, syncope. In several of these cases the pulse did not remain slow and constant but on change of position a marked increase in the pulse rate was noted as in the last case reported by Sanders[3].

The etiology of this condition is not known but according to Ghrist[6], "the physiologic abnormality probably consists in a hypofunction of certain parts of the sympathetic nervous system, or in other words, a defective vasomotor tone. This defective vasomotor tone may arise from either (1) a paralysis, inhibition or dysfunction in the nervous mechanism of vasomotor control which in turn is influenced by the circulatory hormones of glandular secretion; (2) an atony or a paralysis of the myoneural juncture in the peripheral, especially the splanchnic vessels; or (3) changes in the character of the vessels themselves."

The treatment of this condition has been principally the administration of ephedrine sulphate. Ghrist and Brown[7] have reported beneficial results in one of their cases, and the case reported by Barker[2] showed improvement on this form of medication; however, in the majority of cases no form of treatment has been successful. In the case reported by Barker[2] where anhidrosis was one of the cardinal symptoms, the oral administration of pilocarpine hydrochloride during the summer months seemed to make the patient more comfortable.

My interest in postural hypotension was aroused through the study of a case, the report of which follows, in which the patient presented several of the characteristic symptoms of this disease.

W. M., male, age 52, a physician, presented the following symptoms: a feeling of fatigue with marked dizziness and faintness while in the upright position, which was relieved to some extent by a sitting or recumbent position, difficulty in staying awake, swelling of the feet and ankles, nocturia and a diminished sexual power and tendency to impotence. These symptoms had been present for a period of over a year and of late had become more marked. The family history was irrelevant except that the mother had died of a branchiogenic carcinoma. The past history was negative except for scarlet fever during childhood. The veneral history was negative.

Physical examination revealed a well developed, well nourished male who had the appearance of a person not over his stated age of 52. The head and neck were essentially negative except that the conjunctiva and mucous membranes were paler than normal. The heart was somewhat rapid but regular, the pulse was 90 and of fair volume. The heart sounds were distinct and no murmurs were elicited. The blood pressure with patient in the sitting position was 100/70. The lungs were negative. Examination of the abdomen revealed no abnormalities. The external genitalia and prostate were negative. The extremities were normal except for a slight edema of the ankles. The skin was smooth, moist and presented a yellowish tinge, however there were no areas of pigmentation noted. Neurological examination was negative except that the gait and station were somewhat unsteady which I attributed to weakness.

Laboratory findings: The urine was negative except for a trace of albumin and a few hyaline casts. The intravenous P. S. P. test showed 70% the first hour, 20% the second hour. The Kohlmer Wasserman was negative, the

* Submitted for publication December 27, 1934.

Kahn was negative. The blood count was: hemoglobin (Sahli) 80%; red blood cells 4,300,000; white blood cells 6,100; neutrophiles 46%; small lymphocytes 50%; eosinophiles 4%. No malaria parasites were noted. Blood chemistry revealed: Sugar, 140 mg. per hundred cubic centimeters, repeated a few days later 110 mg.; urea nitrogen 17 mg.; creatinin 1 mg. Basal metabolic rate was 0. Examination of the prostatic secretion was negative. Examination of the feces was also negative.

The symptoms presented by this patient definitely suggested the possibility of postural hypotension hence the following observations of blood pressure and pulse rate were made in the recumbent, sitting and standing positions on various days and at different times of the day during a period of two weeks. Two full minutes were allowed between each change of position. The results are shown in the following table.

OBSERVATIONS ON BLOOD PRESSURE AND PULSE RATE

BLOOD PRESSURE						PULSE RATE		
Recumbent		Sitting		Standing		Recumbent	Sitting	Standing
Sys.	Dias.	Sys.	Dias.	Sys.	Dias.			
130	84	114	84	114	84	76	88	96
124	82	110	80	110	78	68	90	92
112	66	90	60	88	60	74	90	94
110	66	92	62	90	58	72	92	96
116	70	100	68	100	66	74	88	90

These findings revealed a rather unstable pressure, there being a drop in the systolic pressure ranging from 14 to 24 points and a drop in the diastolic pressure from 0 to 8 points from the recumbent to the standing position. It was also noted that there was a corresponding rise in pulse rate ranging from 14 to 24 points coincident with the fall in blood pressure.

This case probably was not a true case of postural hypotension due to the fact that the variance in blood pressure on postural change was not marked enough nor did it fall to a sufficiently low level at any time to produce attacks of syncope. I believe, however, it could be considered a border line case and the symptoms which the patient presented were due to a vasomotor imbalance. This patient showed some improvement and was made much more comfortable by taking ephedrine sulphate three-eighths grain (0.024 gm.) three or four times daily.

From the observations made in the management of this case, I decided to note changes in blood pressure and pulse rate as affected by various interrupted changes in posture, starting at a position lower than horizontal and ending with a vertical position, on a group of 50 normal individuals. Studies of the normal circulatory response to changes of posture by various methods have been reported by Hill[8], Kernohan[9], Mortensen[10], Schneider[11] and Ghrist[6].

The above mentioned group comprised 25 men and 25 women, the ages ranging from 18 to 64 years, the average age being 30 plus. The observations were made at the same time each day, between 3 and 4 P. M. The blood pressure cuff was applied to the right arm in each case, the same instrument of a mercury type being used for all observations. The blood pressure apparatus was kept on an approximate level with the patient's heart during all observations. The work was done on a motor driven X-ray table, the approximate angles being 225 degrees, 180 degrees and 90 degrees. The technique of the procedure was explained in detail to each individual so as to avoid the psychic element as much as possible. Two full minutes were allowed between each change of position for stabilization of the circulatory apparatus. The accompanying diagram shows the results obtained.

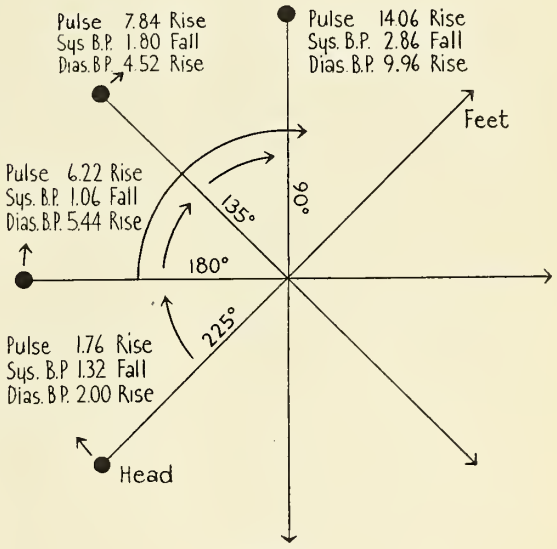

FIGURE 1.

My results showed that the normal responses to interrupted changes in posture from below horizontal to the upright position were a slight fall in the systolic pressure, a definite rise in the diastolic pressure and a definite rise in the pulse rate. An explanation for the rise in pulse rate and rise in diastolic pressure may be stated as follows: in order to overcome the hydrostatic effect of gravity in the upright position, the cardiac rate is increased, also in like manner a vasopressor response takes place in the peripheral circulation, which produces a sufficient rise in the

diastolic blood pressure to preclude the possibility of cerebral anaemia.

SUMMARY

1. At the present time 17 cases of a definite disease entity termed "postural hypotension" have been reported in the literature. All of these cases presented some of the cardinal phenomena of the disease and all showed a wide variance in blood pressure on change from recumbency to the upright position. This marked change in blood pressure was usually accompanied by attacks of syncope.

2. The case reported in this paper was not one of true postural hypotension, because the variance in blood pressure on postural change was not marked enough and at no time did the pressure fall sufficiently low to produce syncope. The case could be considered a border line case, however, and the symptoms presented were probably due to a vasomotor imbalance. This case responded nicely to ephedrine sulphate.

3. The effect of interrupted changes in posture from a position below horizontal to the upright position was noted on a series of fifty normal individuals with the following results: a slight fall in the systolic pressure, a definite rise in the diastolic pressure and a definite rise in the pulse rate.

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CORRESPONDENCE

The Editor of The Journal,
Arkansas Medical Society,
Fort Smith, Ark.
Dear Sir:

The following case was new to me and none of the doctors with whom I have discussed it has known what was meant by water-trap stomach until it was explained to them.

The patient was about four months old and had been seen previously by two doctors. There was a history of a cold, upset bowels, and vomiting. The usual treatment cleared up all but the vomiting. "The baby vomits every thing, even mother's milk," said the mother. Projectile vomiting was not present according to the family.

Suspecting pyloric stenosis, however, an X-ray examination was advised. I quote from that report:

'The examination of the stomach showed no obstruction and showed peristalsis to be normal. The stomach is of the water-trap type with the cardia and fundus lying up under the left arch of the diaphram. When the baby lies on its back or left side, the gastric contents fail to reach the antrum and pyloric ring. This is the only type of obstruction noted and it disappears when the baby is placed on the right side or on its abdomen. The duodeum appears to be normal."

The bowl of our commodes offers the best known example of what a water-trap is.

Keeping this baby off of its back and left side by proping it up after feeding has been the only treatment since the diagnosis was made. This has been satisfactory as a report made a few days ago revealed that there had been no further vomiting.

Yours truly,
HOMER SCOTT, M. D.

ANNOUNCEMENT

There will be a meeting of a section of the American College of Surgeons, embracing the states of Missouri, Kansas, Arkansas, Iowa, Nebraska, Oklahoma, and Colorado at Kansas City, Missouri, on March 12th and 13th.

The Kansas City surgeons are preparing for a large meeting. There will be entertainment and clinics for members and non-members as well. Arkansas surgeons will be well rewarded for attending.

H. MOULTON, M. D., Counselor
for State Executive Committee of Arkansas.

SPECIAL ARTICLE

SICKNESS INSURANCE CATECHISM*

1. What Is Sickness Insurance?

Sickness insurance is proposed as a method of distributing the economic burden of sickness. The first purpose was to distribute the burden of unemployment due to sickness. This is still the controlling motive in most of the systems and absorbs the larger part of their resources and determines their organization and administration. Medical service in the beginning was looked on primarily as a means of reducing the burden of cash payments during sickness. This pattern still dominates, although the medical service is now urged as the principal objective. The administrative machinery is still designed to collect, manage and distribute cash. It is in no way suited to administer a medical service.

2. How Does Insurance Affect the Medical Service?

Medical service, unlike cash or material commodities, cannot be collected, stored and distributed without changing its qualities. Its value depends on the relations between the producer (the physician) and the consumer (the patient). Its distribution is a part of the service. The introduction of a third party who is neither physician nor patient is equivalent to adulteration of the service.

3. How Does Sicknes Insurance Affect Diagnosis?

Since insurance administration is controlled by cash considerations, quantity, rather than quality, of medical service is stressed. The essentials of a good diagnosis are time, patience, careful attention to details and sympathetic relations between a skilled practitioner and a cooperating patient. Insurance compels haste and tends to create antagonism between patient and physician. By removal of the essentials mentioned, insurance delivers little more than the dregs of a real diagnosis. The effort to substitute for these essentials something that will fit the cash standards of insurance causes exaggerated importance to be given to mathematical and mechanical analyses, pictures, and measurements. But these are only one set of valuable, but often isolated, facts that must be integrated with the personal interview, history and individual examination through the knowledge and experience of the physician. Insurance tends to restrict this most vital part of the diagnosis.

4. How Does Insurance Affect Treatment?

Insurance almost inevitably leads to overmedication. It has become well-nigh proverbial that the diagnosis and treatment provided in insurance systems consists of a "look and a bottle." Insurance seeks to check the steadily rising cost of drugs by the application of cash standards through restrictions on prescribing. Since sick individuals and scientific medical service do not fit these standards, treatment is hampered while the evil of unnecessary medication remains.

5. Do the Best Physicians Enter Insurance Practice?

The Germans have a saying that "insurance service is always second class." While there are many individual exceptions, few would deny that in countries which have sickness insurance the median level of ability is lower among insurance than private practitioners. Although the British Medical Association favors insurance, and the conditions of practice are less unsatisfactory than in almost all other systems, only about half of the licensed practitioners have expressed a willingness to enroll under the insurance regulations.

6. Does Insurance Decrease the Amount of Sickness Among the Insured?

Few achievements of the modern scientific age are more striking than the conquest of once widespread diseases in the progress of medical discovery. A host of diseases like smallpox, yellow fever, malaria and typhoid fever, which were once among the largest causes of sickness and death, have been abolished or reduced to a fraction of their former importance. In many others, improved methods of treatment have shortened the period of recovery. While morbidity statistics are inadequate in the United States, such evidence as is available indicates a decline in the amount of serious sickness from a number of cases. Although most of the advances in medicine, together with the improvements in sanitation and public health measures that are characteristic of modern civilization, are found in countries having sickness insurance, yet among the insured under practically every system the records show a constant increase of morbidity. This increase is not entirely due to the demand for "certificates of incapacity to work," required to secure cash benefits. This constitutes such a large and growing evil that in nearly every country having a

* Prepared by the Bureau of Medical Economics, American Medical Association, Chicago.

sickness insurance system there is developing a strong and increasing movement for a complete separation of cash and service benefits. The increase in sickness among the insured is due to a deep inherent evil in insurance. Various studies of fairly large numbers of patients have led to the conclusion that from 40 to 75 per cent of all illnesses are complicated by mental disturbances. Insurance methods of treatment make almost impossible the patience, time, careful investigation and lengthy care with close personal relations that such patients require. Moreover, as studies of many systems have shown, insurance actually arouses conflicts, anxieties and desires that aggravate existing illnesses and create a host of new ones which cannot be treated properly by the methods that prevail under insurance. Prepayment for medical care, especially over a long period, creates a desire to "get something back" in the form of such care. This desire to "get something back" has a tendency to create the sickness that is the condition of obtaining the coveted service. This is not malingering nor even quite the same as the "traumatic neuroses" that cause so much trouble in workmen's compensation practice. In the latter cases there is at least a real or imagined injury as a beginning. But the cases under insurance are originated by insurance. Every sickness insurance system furnishes ample illustrations of these harmful developments. Physicians practicing in the German system estimate that from 30 to 50 per cent of the cases treated are created or aggravated by this situation. Fifty years of this system in the period of greatest medical progress in the war on disease has almost trebled recorded "morbidity" among the German insured.

7. Does Insurance Increase the Practice of Preventive Medicine?

Even the most enthusiastic advocates of insurance admit that sickness insurance has done little to develop or encourage measures for the prevention of disease. Individual immunization, regular health examinations and measures for the detection and treatment of incipient disease are, in all insurance countries, largely dependent on other agencies than insurance. The insurance practitioner is too hurried and is held too closely by restrictions imposed by administrators to give much attention to preventive work. Such preventive work is more extensive, reaches a larger percentage of the population and is better supported by the general public and the medical profession in the United States than in countries having compulsory sickness insurance.

8. Does Sickness Insurance, by Furnishing Unlimited Free Medical Service, Encourage the Detection and Treatment of Incipient Disease?

It is highly probable that even the superficial examinations encouraged by insurance methods detect some such diseases that might not otherwise have been brought to medical attention. There are many physicians practicing under insurance whose professional integrity and scientific ability enable them to overcome the conditions encouraged by insurance and to select for thorough diagnosis those threatened by serious disease. It is somewhat significant that none of the often over-enthusiastic propagandists of insurance have ever collected any facts to demonstrate whether cancer or tuberculosis, for example, are more frequently detected at an early stage among the insured than among the noninsured. On the other hand, many physicians with experience under insurance declare that the flood of patients with imaginary or trivial complaints, or who come only to prove they are sick in order to draw cash relief or to "get something back" from their contributions, that crowd the office of an insurance physician not only compel a tendency toward hasty or superficial diagnosis but lead to suspicion of the actuality of symptoms described by the patient, and a disbelief in the existence of serious disease. The whole economic organization of insurance encourages attitudes and conditions hostile to a thorough detection of incipient disease.

9. Does Sickness Insurance Lower the Death Rate?

The progress of medical science has been marked in every modern nation by a more rapid decline in mortality during the last half century than in any of the preceding centuries. The application of the triumphs of surgery, epidemiology, immunization and the advances in diagnosis and treatment in a multitude of directions has added a score of years to the average life. Where these advances in medical science have been utilized in public health work and private practice it is possible to demonstrate statistically their effect in reducing the death rate. But the advocates of insurance have not been able to show a similar statistical connection between the introduction or extension of insurance and a decline in the death rate.

10. Does Sickness Insurance Reduce the Cost of Medical Care?

Before this question can be answered properly it is necessary to have some comparative stand-

ards of medical care. These do not exist. It is certain that the first effect of insurance is to divert a considerable share of the contributions for medical care to costs of administration. In Germany (almost the only country where such statistics are available) there are more sickness insurance administrators than physicians in the scheme. The physician must spend a considerable portion of his time as a routine clerical worker filling out the numerous blanks and reports required. Not only is this a wasteful use of professional skill but it still further reduces the already scanty time available for medical service and prevents the continuous study essential to good medical service. While no comparative statistics are available, and probably would be impossible to gather, all obtainable information seems to lead to the conclusion that, considering all national differences, no less sums are spent for medical care for the insured than are spent by the uninsured, with the same economic resources.

11. How Are Physicians Chosen for Insurance Practice?

There are wide differences in the various systems. In some there are so many restrictions and conditions that the physician is practically selected by the administrators. Where this is true and insurance is compulsory for a large portion of the population, it amounts to a secondary system of licensure, the conditions of which are acceptance of rules and regulations often established for reasons other than the furtherance of good medical practice. In the French, English and Scandinavian systems any licensed physician may enter insurance practice by simply agreeing to meet the condition set up by the law.

12. How Do the Indigent Receive Medical Care Under Sickness Insurance?

Insurance leaves almost untouched the entire problem of care for the indigent sick who are not eligible to the benefits of sickness insurance systems. In no country has it perceptibly decreased expenditures for this purpose.

13. What Has Been the Effect of Insurance on the Medical Profession?

Economically its first effect in many countries was to increase somewhat the incomes of physicians whose practice was largely confined to the low income classes. Many patients who had hitherto paid nothing for medical care now had something paid for them through insurance. Later, in most systems, the income of physicians in insurance practice was reduced and at the same time the field for private practice had become so contracted that the total average of income was lower. Almost any system would have improved the conditions of English physicians where "medical clubs" prevailed. The members of these clubs paid a few cents weekly or monthly for which physicians agreed to give a sort of medical care. One of the arguments for insurance was that it would abolish the abuses of the "clubs," but these are now returning on a large scale in spite of insurance, and bringing nearly all the old abuses with them. In England, where only the actual worker and not his dependents are covered by insurance, the average income of panel physicians from insurance is little over $2,000 a year, out of which he must pay the expenses of his practice. These physicians still have some private practice, but proposals now being considered to extend that system will further restrict this field of independent private practice. The panel physician is paid a little over $2 per person annually and must therefore have approximately 1,000 persons on his panel in order to receive $2,000. Payment for physicians under the English system is generally considered to be better than under any other system. The number of persons per physician in the United States is a little over 800.

14. What Is the Effect of Insurance on Graduate Study of Physicians?

Medical progress is so rapid as to require constant study by the physician who wishes to use the most approved methods of diagnosis and treatment. Many state medical societies in the United States spend a considerable amount of their time and energy in furnishing their members with facilities for postgraduate study and in encouraging their members in all forms of professional improvement. Administrators of insurance systems also encourage a form of graduate study. They establish institutions to teach how to make out insurance reports, to detect malingering, to keep down the cost of prescribing and to meet the regulations provided by insurance. The physician who spends his time in this kind of study has little additional time left from his overworked insurance practice to keep up with scientific advance.

15. Has It Been Possible to Apply a Uniform Health Insurance System Throughout the Countries in Which These Systems Have Been Adopted?

In nearly every country, local conditions have forced modifications of the general plan. The

mountainous sections of Switzerland, the Highlands and Islands of Scotland, the farming sections of France and the miners of Germany are examples of conditions where the general system had to be greatly modified or entirely discarded to meet local conditions. There are as wide diversities in almost any of the states of the United States as are to be found in European countries. It is quite certain that the best possible general plan that could be devised could not be adjusted to all the varying conditions throughout the United States or even in different sections within many of the states.

16. Who Have Been the Advocates of Sickness Insurance?

The most significant general fact is that in no country have either the physicians who are to give the service or the proposed beneficiaries of that service ever asked for it. In most countries its introduction was opposed by both groups. In a few countries in recent years, where voluntary insurance societies had been organized among laborers and found themselves in financial difficulties, these societies were able to secure the support of their members and sometimes of the political parties of labor for state subsidies and then for a compulsory system. The demand in these cases does not appear to have come from the membership but from the officials of the societies that were in financial difficulties and from the labor politicians who saw in the societies an extensive political machine. The first advocates of sickness insurance have almost always been social workers and philanthropists. These groups and individuals see in sickness insurance a simplification of their work in providing medical relief. Neither are they blind to the fact that the introduction of a system of sickness insurance will involve the employment of large numbers of such social workers.

17. Have Sickness Insurance Systems Become Involved in Politics?

In every country having such a system, the administrations of insurance have developed into powerful political machines. When benefits are distributed to individuals through an extensive administrative machinery with many employees, the whole scheme tends to become a gigantic political machine. This always has evil effects on the quality of the medical service. Patients are not able to judge the quality of medical service. They prefer free drugs to thorough diagnosis, and the politicians will give them what they want without regard to the effect on their health. This has been the tendency in nearly every system of sickness insurance.

18. What Is the Position of the Organized Medical Profession on Sickness Insurance?

The medical profession has always maintained that its mission is to fight disease and guard the health of the people. It is to medicine and the scientific achievements encouraged by it that the world owes its amazing progress in the battle against disease. Organized medicine in the United States has been responsible for the origin of public health departments and the constantly rising standards of medical education, licensure and hospital practice. While every other occupation avows its mission to be the improvement of the economic conditions of its members, the medical profession has always insisted that its main mission is to protect the welfare of the individual and of the public. Individual physicians are human beings with all the weaknesses of human beings. But the organized profession has always maintained that the quality of medical service, the safeguarding of the public health, and the destruction of disease should be first. It is from this point of view and with a record of more than a thousand years of adherence to these principles that organized medicine approaches the question of insurance.

In no country has the organized medical profession declared itself against the principle of insurance as a method of payment for medical service. Nowhere has organized medicine based its position in regard to any medical question on economic grounds. The medical profession has not judged sickness insurance simply as a means for removing the economic obstacles to securing some sort of medical service. On the contrary, the medical profession views sickness insurance systems and proposals as a means by which lay interests, with a record that shows no such willingness to relinquish economic advantages as does the history of the medical profession, seek to gain control of the practice of medicine.

Medical associations in the United States are interested in the operation of insurance systems in all other countries, not so much from the economic effect on physicians or patients (although this phase has not been neglected) but chiefly with regard to the character of the medical service given, its effect on the general health of the insured and its influence on the standards of medical practice. The medical associations of insurance countries have co-operated faithfully

in trying to protect the health interests of the insured. It is significant that the advocates of insurance in the United States always offer as the best examples of insurance just those systems in which the medical associations, always only by hard fighting, succeeded in introducing provisions to safeguard the character of the medical service and to mitigate some of the evils inherent in sickness insurance. It is also siginificant that the same advocates oppose all proposals to include such safeguarding provisions in the schemes urged for the United States.

19. Has Organized Medicine Been Indifferent to the Problem of Medical Care for the Low Income Classes?

An estimate based on numerous though somewhat limited studies places the value of services donated by the physicians of the United States to the care of the indigents and low income classes during the last few years at about one million dollars a day. Practically every institution offering service to these classes depends for its existence on the donated services of physicians. Reports from many studies indicate that in spite of the amount of medical care paid for at almost nominal rates by the FERA, by far the larger portion of the care actually received by the unemployed and many others not eligible to FERA benefits during the past year was given without charge by physicians. Certainly if there is any section of the people that has not been indifferent to the problem of medical care for indigents it has been the organized medical profession of the United States. State and county medical societies throughout the entire country are trying to find the best method of giving good medical care to those unable to pay for it. A number of the experiments that offer the best promise of meeting this situation have been originated and are now being conducted by such medical societies. In all this discussion and experimenting, the fundamental necessity of maintaining the conditions on which good medical service depends has been kept uppermost. These experiments have shown that many of the methods of furnishing medical service by some of the proposed systems destroy the fundamental conditions of good service. For that reason organized medicine has opposed or sharply criticized the wholesale plans offered by social workers, philanthropists, employers and laymen, very few of whom have proved their devotion to those in whose interest they claim to act by any such economic sacrifice as has been made by members of the medical profession.

STATEMENT OF POLICY

REPORT OF THE REFERENCE COMMITTEE

Special Session House of Delegates of the American Medical Association, Chicago, February 15 and 16, 1935

Your reference committee, believing that regimentation of the medical profession and lay control of medical practice will be fatal to medical progress and inevitably lower the quality of medical service now available to the American people, condemns unreservedly all propaganda, legislation or political manipulation leading to these ends.

Your reference committee has given careful consideration to the record by the Board of Trustees of the previous actions of this House of Delegates concerning sickness insurance and organized medical care and to the account of the measures taken by the Board of Trustees and the officials of the Association to present this point of view to the government and to the people.

The American Medical Association, embracing in its membership some 100,000 of the physicians of the United States, is by far the largest medical organization in this country. The House of Delegates would point out that the American Medical Association is the only medical organization open to all reputable physicians and established on truly democratic principles, and that this House of Delegates, as constituted, is the only body truly representative of the medical profession.

The House of Delegates commends the Board of Trustees and the officers of the Association for their efforts in presenting correctly, maintaining and promoting the policies and principles, heretofore established by this body.

The primary considerations of the physicians constituting the American Medical Association are the welfare of the people, the preservation of their health and their care in sickness, the advancement of medical science, the improvement of medical care, and the provision of adequate medical service to all the people. These physicians are the only body in the United States qualified by experience and training to guide and suitably control plans for the provision of medical care. The fact that the quality of medical service to the people of the United States today is better than that of any other country in the world is evidence of the extent to which the

American medical profession has fulfilled its obligations.

The House of Delegates of the American Medical Association reaffirms its opposition to all forms of compulsory sickness insurance whether administered by the Federal government, the governments of the individual states or by any individual industry, community or similar body. It reaffirms, also, its encouragement to local medical organizations to establish plans for the provision of adequate medical service for all of the people, adjusted to present economic conditions, by voluntary budgeting to meet the costs of illness.

The medical profession has given of its utmost to the American people, not only in this but in every previous emergency. It has never required compulsion but has always volunteered its services in anticipation of their need.

The Committee on Economic Security, appointed by the President of the United States, presented in a preliminary report to Congress on January 17 eleven principles which that Committee considered fundamental to a proposed plan of compulsory health insurance. The House of Delegates is glad to recognize that some of the fundamental considerations for an adequate, reliable and safe medical service established by the medical profession through years of experience in medical practice are found by the Committee to be essential to its own plans.

However, so many inconsistencies and incompatabilities are apparent in the report of the President's Committee on Economic Security thus far presented that many more facts and details are necessary for a proper consideration.

The House of Delegates recognizes the necessity under conditions of emergency for federal aid in meeting basic needs of the indigent; it deprecates, however, any provision whereby federal subsidies for medical services are administered and controlled by a lay bureau. While the desirability of adequate medical service for crippled children and for the preservation of child and maternal health is beyond question, the House of Delegates deplores and protests those sections of the Wagner Bill which place in the Children's Bureau of the Department of Labor the responsibility for the administration of funds for these purposes.

The House of Delegates condemns as pernicious that section of the Wagner bill which creates a social insurance board without specification of the character of its personnel to administer functions essentially medical in character and demanding technical knowledge not available to those without medical training.

The so-called Epstein Bill, proposed by the American Association for Social Security now being promoted with propaganda in the individual states, is a vicious, deceptive, dangerous and demoralizing measure. An analysis of this proposed law has been published by the American Medical Association. It introduces such hazardous principles as multiple taxation, inordinate costs, extravagant administration and an inevitable trend toward social and financial bankruptcy.

The committee has studied this matter from a broad standpoint, considering many plans submitted by the Bureau of Medical Economics as well as those conveyed in resolutions from the floor of the House of Delegates. It reiterates the fact that there is no model plan which is a cure-all for the social ills any more than there is a panacea for the physical ills that affect mankind. There are now more than 150 plans for medical service undergoing study and trial in various communities in the United States. Your Bureau of Medical Economics has studied these plans and is now ready and willing to advise medical societies in the creation and operation of such plans. The plans developed by the Bureau of Medical Economics will serve the people of the community in the prevention of disease, the maintenance of health and with curative care in illness. They must at the same time meet apparent economic factors and protect the public welfare by safeguarding to the medical profession the functions of control of medical standards and the continued advancement of medical educational requirements. They must not destroy that initiative which is vital to the highest type of medical service.

In the establishment of all such plans, county medical societies must be guided by the ten fundamental principles adopted by this House of Delegates at the annual session in June 1934. The House of Delegates would again emphasize particularly the necessity for separate provision for hospital facilities and the physician's services. Payment for medical service, whether by prepayment plans, installment purchase or so-called voluntary hospital insurance plans, must hold, as absolutely distinct, remuneration for hospital care on the one hand and the individual, personal, scientific ministrations of the physician on the other.

Your Reference Committee suggests that the Board of Trustees request the Bureau of Medical Economics to study further the plans now existing and such as may develop, with special reference to the way in which they meet the needs of their communities, to the costs of operation, to the quality of service rendered, the effects of such service on the medical profession, the applicability to rural, village, urban and industrial population, and to develop for presentation at the meeting of the American Medical Association in June model skeleton plans adapted to the needs of populations of various types.

(Signed)

DR. HARRY H. WILSON,
Chairman, California.
DR. WARREN F. DRAPER,
Virginia.
DR. E. F. CODY,
Massachusetts.
DR. E. H. CAREY,
Texas.
DR. N. B. VAN ETTEN,
New York.
DR. F. S. CROCKETT,
Indiana.
DR. W. F. BRAASCH,
Minnesota.

RESOLUTIONS

Whereas, God in His infinite wisdom has taken from our midst, Dr. Frank E. Hurrle, a beloved fellow member of the Pulaski County Medical Society; and

Whereas, Dr. Hurrle by his wise and sympathetic efforts rendered invaluable services, and justly earned the gratitude of all the members, be it therefore,

Resolved, that in the death of Dr. Hurrle, we have been deprived of a very valuable friend and helper; that we have lost one who shed lustre on our organization, on the medical profession, on our state, and on our city, be it

Resolved, that we extend to Mrs. Hurrle, to the members of the family, and to his friends sincere sympathy in their hour of sorrow, and be it further

Resolved, that as an expression of our sympathy, a copy of these resolutions be spread upon the minutes of this organization, that a copy be given to the Journal of the Arkansas Medical Society, and that a copy be sent to Mrs. Hurrle and the members of the late Dr. Hurrle's family.

The above resolutions were passed unanimously by the Pulaski County Medical Society in regular session on February 4, 1935.

M. E. McCASKILL, M. D., Chmn.
PAT MURPHEY, M. D.,
H. A. DISHONGH, M. D.,
Committee.

RESOLUTIONS

Whereas, God in His infinite wisdom has suddenly taken from us our friend and colleague, Dr. William H. Miller; and

Whereas, Dr. Miller endeared himself to us by his genial personality, his kindness, cheerfulness, sympathy, and ever-willing spirit to assist us in our difficulties;

The courageous spirit exhibited by him in continuing with his work to the day of his death although knowing as he did that any moment might be his last is worthy of our emulation. His entire lifetime was devoted to others and he has left us such a rich heritage of memory that we find it difficult to realize that he is gone.

Therefore, Be it resolved, that the Pulaski County Medical Society in session assembled express our appreciation for the noble work that Dr. Miller has done; that we as a society feel a sense of personal loss and shall ever cherish his memory.

Be it further resolved, that we express our sympathy to Mrs. Miller for her irreparable loss; and that a copy of this resolution be sent to her; that a copy of this be spread on the minutes of the society and a copy be published in the Journal of the Arkansas Medical Society.

The above resolutions were pased unanimously by the Pulaski County Medical Society in regular session on February 4, 1935.

M. E. McCASKILL, M. D., Chmn.
PAT MURPHEY, M. D.,
H. A. DISHONGH, M. D.,
Committee.

RESOLUTIONS

Whereas, the Almighty Father of the Universe, the Giver of all good and perfect gifts, has seen fit to remove from our midst our friend and colleague, Dr. Leslie A. Purifoy,

And whereas, the community has suffered a distinct loss and that his many admirable qualities and advice will be greatly missed by all,

Now therefore, be it resolved by the Union County Medical Society and by the Staff of the Warner Brown Hospital, that we offer to his father, Dr. W. A. Purifoy of Chidester, and to his uncle, Dr. L. L. Purifoy, our deep appreciation of him as a man and as a physician, and that express to them and to his family our profound sympathy and with them we humbly bow our head in submission to the will of Him who doeth all things well.

Be it further resolved that a copy of these resolutions be spread on the minutes of the Society, and that a copy be sent to Dr. W. A. Purifoy, Dr. L. L. Purifoy, the Arkansas Medical Society, and the American Medical Association.

UNION COUNTY MEDICAL SOCIETY,
F. O. MAHONY,
G. D. MURPHY,
BERRY L. MOORE,
Committee.

A preacher's wife gets a raw deal. Clients don't expect a lawyer's wife to behave like a lawyer.—Fountain Inn, S. C., Tribune.

THE JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

Membership in the county medical society guarantees to the public, the law and the medical profession that one is in good standing. It places the stamp of approval on its members. Wherefore, we must beware that only the eligible are so approved, and we must not allow the ineligible to practice.—Bulletin of the Medical Society of the County of Kings.

EDITORIAL

COMPULSORY SICKNESS INSURANCE

The Special Session of the House of Delegates of the American Medical Association held in Chicago February 15th and 16th has made emphatic and clear the opposition of organized medicine to all forms of compulsory sickness insurance and the regimentation of medicine. The officers and trustees deemed it wise to convene this special session because of widespread, deceptive and insidious propaganda favoring governmental sickness insurance. It was felt that there might be some disposition on the part of the component state associations for modification of the Ten-Point Plan adopted at Cleveland in 1934. No such disposition was evident among the delegates, the report of the reference committee being adopted unanimously. Printed elsewhere in this issue, their report is a temperate exposition of the ideals of organized medicine. There can be no misunderstanding the opposition with which medical organization views the governmental or lay supervision and control of medical service.

There is no claim of perfection on the part of the profession for the present scheme of medical practice. Change is inevitable. Medicine has always adapted itself to the social and economic order in which it finds itself. This it can continue to do only if freed of politicalized regulation and control. There is no opposition on the part of the profession to the proper study and trial of experimental plans for medical care in changed form. But medicine will vigorously defend its personal rights which are ignored by lay workers who have nothing better to offer than state medicine.

The principles formulated by the American Medical Association are economically and professionally sound. The way is left clear for county and state societies to adopt such plans as are feasible, honest, and fair, for the provision of medical service under new forms to such communities as may be in need of change.

Of 150 plans now under trial, no one is applicable on even a limited national scale. The diversity of geographical features, the distribution of the population, the character of industry, and many other factors so operate in this broad land of ours as to prevent the satisfactory functioning of any one of these plans in all sections.

Of major importance in the nation-wide care of the ill are the provisions for the care of the

indigent, strangely overlooked in all socialized plans presented to date. That such care has been furnished almost entirely by the generosity of the medical profession in the past may explain the social worker's failure to include these patients when arranging for the care of the rest of the population.

The medical profession must now take an unequivocal stand. We must present a unity of opinion that cannot be misunderstood or misinterpreted. There must be no doubt in the minds of the public and of our legislators as to our undivided stand. This becomes the duty of each county medical society; of YOU and I. First, BECOME INFORMED; then INFORM OTHERS!

EDITORIAL COMMENT

The action of the House of Delegates of the American Medical Association at its special session makes it imperative that all physicians become fully informed on all phases of sickness and health insurance. The Journal has repeatedly emphasized the necessity of an informed, aggressive medical profession if control of medical service is to remain in professional hands. County societies are requested to devote a meeting to a consideration of this subject; individual members are urged to read all the available literature on both sides of the question. This issue carries "Sickness Insurance Catechism" as prepared by the Bureau of Medical Economics of the American Medical Association, previously distributed in pamphlet form to the secretaries of all county societies. Printed in The Journal, it becomes available to all members for a close study. It is commended to you for thoughtful reading, for your better information on this vital problem now facing the medical profession.

The attention of county society secretaries is called to the provisions of the Constitution in Section 3 of Chapter IV: "Each component county society shall be entitled to send to the House of Delegates each year one delegate for every twenty-five members, and one for each major fraction thereof, provided that its annual report and assessments are in the hands of the Secretary thirty days prior to the annual meeting." At this date, a number of the county societies have not made report of membership while others have made incomplete reports. Representation is based upon these reports and it is urged that every possible member be reported as a paid member prior to March 15th. There seems to be no valid reason why the annual assessment can not be paid now as well as later on in the year. Prompt payment of dues is the obligation of each member. The Constitution further provides that no member shall take part in any of the proceedings of an Annual Session until he has complied with the provisions of Section 3, Chapter I, i.e., presents evidence of 1935 membership.

CORRECTION

Members are requested to note the following correction in the Constitution and By-Laws as printed in the February issue of The Journal. Article V should read: "The House of Delegates shall be the legislative body of the Society, and shall consist of: (1) Delegate elected by the component county societies; (2) the Councilors; and (3) ex-officio, the President, Secretary and Past-Presidents of the Society; provided, however, that the Past-Presidents shall have the power of voting on all subjects except the election of officers."

COMMERCIAL ANNOUNCEMENT

The Dallas Southern Clinical Society holds its Seventh Annual Clinical Conference at the Baker Hotel, March 18th-22nd, 1935. The General Assembly addresses of the distinguished guest speakers will be scheduled at 8:00 o'clock each morning, followed by the post-graduate lectures, with time for visiting the Technical and Scientific Exhibits before luncheon. During the round table luncheon conferences, distinguished guests will answer questions, followed by the afternoon hotel clinics, including the fracture clinic on Monday by Dr. H. Earle Conwell. A symposium Monday night, open to the public with Dr. Douglas Quick's address on "Cancer," and Dr. E. T. Bell on "Bright's Disease," and Reverend H. Lee on "Science and Religion." Tuesday night there will be two symposia; one on "Malignant Disease of the Head and Neck," Dr. Douglas Quick, and the second on "Acute Intestinal Obstruction," Dr. Waltman Walters and Wednesday night there will be a symposia on "Heart Failure," Drs. M. Bodansky, E. T. Bell and Louis Hamman. On Tuesday afternoon there will be a Clinical Pathological Conference on "Renal Disease," by Drs. Hamman and Bell, and on Thursday a Clinical Bio-Chemical Conference on "Thyroid Disease," by Drs. Bodansky and Walters.

ITS QUICK ACTION PREVENTS DEFORMITIES

No antirickatic substance will straighten bones that have become misshapen as the result of rickets. But Mead's Viosterol (plain or in Halibut Liver Oil) can be depended upon to prevent rickatic deformities. This is not true of all antirickatic agents, many of which are so limited by tolerance or bulk that they cannot be given in quantities sufficient to arrest the rickatic process promptly, with the result that the bones are not adequately calcified to bear weight or muscle-pull and hence become deformed.

PROCEEDINGS OF SOCIETIES

The annual banquet session of the Johnson County Medical Society was held January 31st with G. R. Siegel acting as toastmaster. Dr. W. R. Hunt gave the address of welcome and the following scientific program was presented: "Undulant Fever," S. C. Fulmer, Little Rock, and "Cellulitis," F. H. Krock, Fort Smith. Guests of the Society were: Drs. A. A. Blair, W. R. Brooksher, F. W. Carruthers, Robt. Caldwell, K. W. Cosgrove, M. S. Dibrell, H. C. Dorsey, Thos. Douglas, M. E. Foster, S. C. Fulmer, L. Gardner, J. K. Grace, S. C. Grant, A. J. Hansberry, E. J. Haster, C. S. Holt, Robt. Hood, C. H. Kennedy, O. J. Kirksey, F. H. Krock, M. E. McCaskill, Roy Millard, R. A. Milliken, E. C. Moulton, W. V. Newman, J. C. Ogden, J. L. Post, J. F. Shuffield, John M. Smith, S. P. Stubbs, E. H. White, and J. A. Wigley.

The Arkansas County Medical Society met in dinner session at DeWitt on February 12th for the following program: "Heart Disease," Joseph Roe, Little Rock, and "Pneumonia in Children," Dr. Phillips, Little Rock.

Carroll County Medical Society has elected the following officers: President, J. F. John, Eureka Springs; Secretary-treasurer, A. L. Carter, Berryville; Delegate, D. K. McCurry, Green Forest; and Alternate, R. H. Huntington, Eureka Springs.

Boone County Medical Society met at Harrison on February 11th, electing the following officers: President, J. G. Gladden, Western Grove; 1st Vice-president, L. Lloyd Jackson, Harrison; 2nd Vice-president, G. K. Sims, Harrison; Secretary-treasurer, W. H. Poynor; Delegate, J. H. Fowler, Harrison; Alternates, J. G. Gladden and W. H. Poynor. Drs. J. Lloyd Jackson, Ulys Jackson and Henry Kirby of Harrison, and J. W. Sexton, Mount Judea, have been elected to membership.

W. H. POYNOR, Secretary.

The meeting of Sebastian County Medical Society on February 12th was devoted to a discussion of health insurance proposals with J. A. Foltz as speaker.

The Mississippi County Medical Society was addressed at its February 5th meeting by Memphis physicians as follows: "Hodgkin's Disease," C. H. Heacock; 'Allergy in General Practice," W. C. Chaney; and "Management of Congestive Heart Failure," O. T. Warr. Drs. E. H. Cox, Wilson, and M. L. Cantrell, Luxora, were elected to membership.

F. D. SMITH, Secretary.

Speakers at the annual Ladies' Night of the Ouachita County Medical Society were: Wm. Hibbitts, Texarkana, W. R. Thrasher and J. S. Rinehart, Camden, and Mrs. Wm. Hibbitts.

E. H. White and Joe Shuffield, Little Rock, addressed the Saline County Medical Society at a dinner session held in the home of C. W. Jones, Benton, on February 6th.

EDUCATIONAL MATERIAL ON CANCER AVAILABLE IN ARKANSAS

SLIDES	
Tumors of the Breast (medical)	1. Dr. H. S. Thatcher 2. Dr. Dewell Gann, Jr.
Tumors of the Uterus (medical)	1. Dr. H. S. Thatcher 2. Dr. Dewell Gann, Jr.
FILM STRIPS	
Tumors of the Breast (medical)	1. Dr. D. W. Goldstein 2. Dr. Dewell Gann, Jr.
Tumors of the Uterus (medical)	1. Dr. Dewell Gann, Jr.
"Fight Cancer With Knowledge" (for women's clubs, luncheon clubs and other lay audiences)	1. Dr. H. S. Thatcher 2. Dr. Dewell Gann, Jr. 3. Dr. D. W. Goldstein
"Cancer: Its Life History and Practical Measures for Its Control" (for university students, nurses, etc.)	1. Dr. H. S. Thatcher 2. Dr. D. W. Goldstein
FILM STRIP PROJECTORS	1. Dr. H. S. Thatcher 2. Dr. Dewell Gann, Jr. 3. Dr. D. W. Goldstein
FILM AND PROJECTOR (movie) 8-minute Canti film (for medical profession, medical students, nurses, etc.)	1. Dr. H. S. Thatcher
SYMPOSIA ON TUMORS OF BREAST AND UTERUS Complete program for county medical societies on request	1. Dr. D. W. Goldstein 2. Dr. R. L. Saxon 3. Dr. L. A. Purifoy

Obtainable from:

Dr. H. S. Thatcher, University of Arkansas School of Medicine, Little Rock.

Dr. Dewell Gann, Jr., 215 East 6th Street, Little Rock.

Dr. D. W. Goldstein, 100 South 13th Street, Ft. Smith.

Dr. R. L. Saxon, 701 Main Street, Little Rock.

Dr. L. A. Purifoy, Oak and Cordell Street, El Dorado.

Nature tried to make us wise. The ears stay open, but the mouth stays shut if you give it a chance.—Fountain Inn, S. C., Tribune.

PERSONALS AND NEWS ITEMS

Walter G. Eberle, Fort Smith, has been appointed a member of the National Rehabilitation Committee of the American Legion.

Geo. F. Jackson, Little Rock, attended a dermatological clinic in New Orleans during January.

"Increased Irritability of the Gastro-Intestinal Tract: A Discussion of Disturbed Physiology," by B. A. Rhinehart, Little Rock, appeared in the January issue of Radiology.

The American College of Physicians has elected to Fellowship, Gordon Hastings, Little Rock, and to Associateship, Wm. B. Grayson, Little Rock.

C. H. Nims, Hot Springs National Park, has been re-appointed Counselor for Arkansas of the Radiological Society of North America.

At the organization meeting held February 1st, The Arkansas Coroner's Association elected the following officers: President, Lawson C. Aday, Little Rock; Vice-president, A. S. J. Collins, Monticello, and Secretary-treasurer, H. A. Dishongh, Little Rock.

R. B. Robins, Camden, was elected Vice-president for Arkansas of the Mid-South Post Graduate Assembly at its February meeting held in Memphis.

John Smith, Russellville, is coaching the Arkansas Tech boxing team.

The American Board of Radiology has certified the following as Diplomates: W. R. Brooksher, Fort Smith, Radiology; David LeVine, El Dorado, Diagnostic Roentgenology; and D. A. Rhinehart, Roentgenology.

Joe F. Shuffield, President of the Pulaski County Medical Society, attended the recent special session of the House of Delegates of the American Medical Association.

The Journal offers sympathy to Dr. C. N. Martin, Warren, in the loss of his wife which occurred on February 12th, and to Dr. J. B. Jameson, Camden, in the loss of his father on February 16th.

C. A. Henry has resigned as Director of the Saline County Health Unit and D. W. Fulmer, Little Rock, has been placed in charge.

"The Pathology of Avitaminosis," by Harvey S. Thatcher, Little Rock, appears in the February issue of the Illinois Medical Journal.

M. A. Baltz, Pocahontas, has opened a medical clinic in the Randolph Hotel.

H. King Wade was installed as President of the Mid-South Post Graduate Medical Assembly in session at Memphis during February.

J. L. Post, Altus, has recovered from injuries received in an automobile accident on February 3rd.

A. C. Shipp addressed the Woman's Auxiliary to the Pulaski County Medical Society January 16th on "Medical Economics."

W. T. Lowe and J. S. Jenkins have been elected President and Secretary-treasurer, respectively, of the Davis Hospital Staff, Pine Bluff.

I. R. Johnson, Blytheville, is taking post-graduate work in Harvard Medical School.

"A New Type Fracture Band," by F. Walter Carruthers appeared in the January issue of The Journal of Bone and Joint Surgery. This paper was presented before the American Academy of Bone and Joint Surgeons in New York, January 14th.

"The Menorrhagias of Nineteen Thirty-Three" by Drs. Dewell Gann, Jr., and C. C. Reed, Jr., appears in the February issue of The Mississippi Doctor."

S. J. Wolfermann, Fort Smith, and B. A. Rhinehart, Little Rock, addressed the Muskogee (Oklahoma) Academy of Medicine at its sessions held February 26th and 27th. Dr. Wolfermann spoke on "Medical and Surgical Significance of Jaundice" and "Recent Advances in Therapy of Duodenal Ulcer." Dr. Rhinehart's subjects were "Human Dietary Requirements" and "Functional Disorders of the Gastro-intestinal Tract."

Dr. C. A. Henry, formerly Health Director of Saline County, is under treatment at State Sanatorium.

OBITUARY

WILLIAM H. MILLER, aged 67, a practicing physician and surgeon of Little Rock for 45 years, died of a heart attack at his home January 24th. Dr. Miller had been suffering from a heart ailment but held office hours and visited his patients as usual the day before his death. Born May 8, 1867 in Lebanon, Tennessee, the son of Dr. Wesley G. Miller, a physician and Methodist minister, and Miss Nannie Hamilton, his preliminary education was received in Tennessee and Missouri and he graduated from the University of Arkansas School of Medicine in 1888 at the age of 21. He served an interneship at Bellevue Hospital, New York City. At the time of his death he was professor emeritus of obstetrics of the University of Arkansas School of Medicine as well as a member of the staffs of the Little Rock hospitals. He was a member of the Pulaski County and Arkansas Medical Societies, the Methodist Church and several hunting clubs. He is survived by his wife, four sisters and one brother.

LESLIE A. PURIFOY, El Dorado, aged 30, died February 1st of injuries sustained in an automobile accident on January 26th. His condition had not been considered serious and his death was due to a coronary embolus. Born in Chidester, Arkansas, the son of Dr. and Mrs. W. A. Purifoy, he graduated from the Camden High School and the University of Arkansas, and received his medical degree from Rush Medical College in 1930. Following an interneship at Michael Reese Hospital, Chicago, he located in El Dorado where he was associated in practice with his uncle, Dr. L. L. Purifoy. Active in organized medicine, he had served the Union County Medical Society and the Fifth Councilor District Medical Society as president, and was a junior member of the American College of Surgeons. He was a member of the Scottish Rite Masons, the Shrine, and of the First Baptist Church of El Dorado. Surviving relatives are his parents, Dr. and Mrs. W. A. Purifoy, Chidester; his uncle, Dr. L. L. Purifoy, El Dorado, and a sister, Mrs. Joe Mayne, Little Rock.

VIRGIL L. PASCOE, aged 64, died at his home in Newark January 29th. A graduate of the Vanderbilt University School of Medicine in 1893, Dr. Pascoe had practiced for over 40 years. He was a member of the Independence County Medical Society, the Masonic and Woodmen of the World lodges. Surviving relatives are his wife, three sons and three daughters.

PHILLIP ROSS WATKINS, aged 69, died at his home in Mena February 24th of pneumonia after an illness of less than two weeks. He was a graduate of the Vanderbilt University School of Medicine in 1893 and had practiced in Mena for many years. He was a past-president of the Polk County Medical Society, a member of the Arkansas Medical Society and of the Masonic Lodge.

The American Neisserian Medical Society was founded on June 12th, 1934. It is dedicated to the promotion of knowledge in all that relates to the gonococcus and gonococcal infections, that there may be attained improvement in the management of gonorrhea and a reduction in its prevalence.

The society plans to carry out the following program:

A. The scrutiny of the management of gonorrhea in both male and female.

B. Clinical and laboratory research in the diagnosis, medical and social pathology, and the treatment of gonorrhea.

C. Dissemination among the medical profession and the public of authoritative information concerning gonorrhea.

Membership is limited to:

A. Residents of the United States or its territories, Canada or Mexico.

B. Graduates of a medical school recognized by the American Medical Association.

C. Those who are engaged in some phase of the management of gonorrhea.

Invitation to membership is extended to all qualified physicians who desire to work for improvement in the management of gonorrhea. Application blanks can be obtained from the undersigned.

OSCAR J. COX, Jr., M. D., Secretary,
475 Commonwealth Ave.,
Boston, Mass.

The Spring Symposium of the Kansas City Southwest Clinical Society will be held in the President Hotel, Kansas City, Missouri, Monday, March 11, 1935. This session will open a three-day meeting, of which the last two days will be presented by the Midwest Section of the American College of Surgeons.

The entire day's program will be given over to scientific sessions with presentations by members of the society. Guest speakers who will also appear on the program are Dr. Irvin Abell, Professor of Clinical Surgery, University of Louisville Medical School; Dr. Frederic W. Bancroft, Associate Professor of Clinical Surgery, Columbia University College of Physicians and Surgeons, and Dr. Charles L. Scudder, Consulting Surgeon, Massachusetts General Hospital.

There will not be any registration fee for this three-day meeting which is open to the medical profession at large.

WOMAN'S AUXILIARY PAGE

MRS. D. W. GOLDSTEIN
Publicity Secretary, Fort Smith

The Woman's Auxiliary to the Independence County Medical Society met February 11th at the home of Mrs. F. A. Gray in Batesville. The following officers were elected: President, Mrs. Victoria Saylors; Vice-president, Mrs. G. T. Laman, Cave City; Secretary, Mrs. C. A. Churchill, Batesville; and Secretary, Mrs. J. M. Hooper, Batesville. The program was in honor of Jane Todd Crawford with a paper by Mrs. J. M. Hooper. Mrs. O. J. T. Johnson emphasized the importance of periodic physical examinations. A salad plate was served by the hostess at the conclusion of the meeting.

The Executive Board of the Woman's Auxiliary to the Arkansas Medical Society met in luncheon session at the Albert Pike Hotel, February 12th, with the following in attendance: Mesdames William Hibbitts, H. E. Murry, Marcus T. Smith, Pierre Redman, J. E. Stevenson, W. R. Brooksher, Jr., D. W. Goldstein, J. T. McLain, E. A. Buckey, E. A. Callahan, T. J. Porter, Curtis Jones, P. H. Phillips, C. E. Kitchens, S. A. Collum, W. T. Wootton, C. E. Oates, B. A. Rhinehart and J. B. Crawford. Plans were made for writing a 10-year history of the organization under the supervision of Mrs. C. W. Garrison. Reports were given by county presidents and committee chairmen. The year books were distributed and minor changes in the constitution and by-laws were suggested for adoption.

The Woman's Auxiliary to the Saline County Medical Society has elected the following officers: President, Mrs. E. A. Buckley, Bauxite; 1st Vice-president, Drs. Dewell Gann, Benton; 2nd Vice-president, Mrs. F. S. Larkin, Benton; and Secretary-treasurer, Mrs. Curtis Jones, Benton. The last meeting was held February 20th with Mrs. Buckley in Bauxite.

With sorrowing hearts, Arkansas and Texas mourn the loss of their most loyal and capable member, Mrs. Preston Hunt, whose death occurred January 27th in Texarkana.

Mrs. Hunt was President of the Woman's Auxiliary to the Texas State Medical Society and an active member of the Woman's Auxiliary to the Arkansas State Medical Society.

Our most sincere sympathy to Doctor Hunt, the Woman's Auxiliary to the Texas State Medical Society, and the Woman's Auxiliary to the Bowie and Miller County Medical Society.

The Woman's Auxiliary to the Sebastian County Medical Society sponsored an open Public Relations meeting for women at the Senior High School February 11th. Dr. Ruth Ellis, Fayetteville, spoke on "What Women Should Know About Cancer." Dr. Louise Henry of Fort Smith, discussed "Preventative Measures in Children's Diseases." A motion picture film, "Fighting Cancer with Knowledge," was presented. Mrs. Wm. Hibbitts, President of the Woman's Auxiliary to the Arkansas Medical Society, was an honor guest.

The Woman's Auxiliary to the Johnson County Medical Society met at the home of Mrs. G. L. Hardgrave January 22nd. Annual dues and monthly dues to apply on the Oates Student Loan Fund were collected.

Mrs. G. R. Siegel entertained with a lovely dinner party at her home on January 31st. Out of town guests were Mrs. E. J. Haster and Mrs. Roy Millard, of Dardanelle, and Mrs. Robert Hood, of Russellville, who accompanied their husbands to Clarksville to attend the annual banquet of Johnson County Medical Society.

The Woman's Auxiliary to the Bowie-Miller County Medical Society was entertained January 11th by Mrs. Joe E. Tyson, Mrs. Albert Mann, Dr. Francis Spinks and Mrs. E. L. Beck at the home of Mrs. Tyson. Mrs. Decker Smith, president, conducted the business routine after which Mrs. L. H. Lanier, program leader, gave an illuminating resume of "Latest Advancements in Medicine."

The Washington County Medical Auxiliary met January 8th at the Washington Hotel. The following officers were elected: Mrs. Loyce Hathcock, President; Mrs. J. W. Walker, Vice-President, and Mrs. Fount Richardson, Recording Secretary and Publicity Chairman.

The Woman's Auxiliary to Pulaski County Medical Society met on January 16th at the home of Mrs. J. Palmer Sheppard with the president, Mrs. J. B. Crawford, presiding. Assistant hostesses were Mrs. J. B. Crawford, Mrs. B. A. Rhinehart, Mrs. Hoyt Allen and Mrs. Glenn Johnson. Other members present were Mrs. C. E. Oates, Mrs. H. A. Higgins, Mrs. W. E. Gray, Sr., Mrs. D. M. Switzer, Mrs. Pat Murphey, Mrs. C. C. Reed, Mrs. W. N. Freemyer, Mrs. S. C. Fulmer, Mrs. K. W. Cosgrove, Mrs. E. H. White, Mrs. W. A. Snodgrass, Mrs. W. L. Sadler, and Mrs. W. R. Richardson. Special guests at the meeting were Mrs. J. T. McLain, of Gurdon, state chairman of the Education and Public Health Committee, and presidents of the affiliated clubs of the City Federation. Among the guests were Miss Gertrude Remmel, Miss E. Wortsmith, Mrs. Lester G. McAllister, Mrs. W. G. Browne, Mrs. F. J. Wills, Mrs. M. W. Muldron, Mrs. George C. Branner and Mrs. L. Y. Cohen. Dr. A. C. Shipp spoke on "Medical Economics."

The Obstetrical Pack Committee, Woman's Auxiliary to the Pulaski County Medical Auxiliary, met at the home of Mrs. K. W. Cosgrove with the following members attending in the work: Mesdames F. E. Hurrle, T. B. Crawford, B. A. Bennett, C. E. Oates, M. E. McCaskill, D. M. Switzer, R. A. Law, W. R. Richardson, W. H. Miller, G. F. Jackson, H. A. Higgins, W. E. Gray, W. A. Snodgrass and B. A. Rhinehart.

BOOK REVIEWS

Nature's Way. By Victor Cox Pederson, M. D. Pp. 74. Price $1.00. New York: G. P. Putnam's Sons and Minton, Balch & Company, 1934.

The author describes the so-called fertile period of the menstrual cycle as based upon the works of Ogino and Knaus. It affords a thorough, simple explanation of the process of conception and the fertile and sterile periods. It is written for the lay public but will be of interest to the physician.

Report on Seventh International Congress of Military Medicine and Pharmacy, Madrid, Spain, May-June, 1933. By William Seaman Bainbridge, Captain, M. C.-F., U. S. Naval Reserve, Member of Permanent Committee, Delegate from the United States. Pp. 88. Menasha, Wisconsin: George Banta Publishing Company, 1934.

A concise abstract of the proceedings of the Congress is presented. The subjects reported upon at the Congress were: (1) General principles regarding medical services in war time; their application to the new rulings of the Geneva Convention, (2) Preventitive vaccination in the army, navy and air force, (3) Treatment in the advanced posts of urgent surgical casualties in a war of movement, (4) Preserved foods as a regular ration for soldiers in peace time or in the field, their mode or preparation and analysis, (5) Comparative study of the dental and administrative services in the different armies, navies and air forces, and (6) Veterinary section studies. The book is of particular interest to the medical officer of the armed forces of the country.

Hughes' Practice of Medicine. 15th Edition. Revised and edited by Burgess Gordon, M. D., with Sections on Nervous and Mental Diseases by Harold D. Palmer, M. D., and on Diseases of the Skin by Vaughn C. Garner, M. D. Pp. 808. Price $5.00. Philadelphia: P. Blakiston's Son and Co., 1935.

This volume is a comprehensive consideration in concise form of a great majority of the more common conditions met in the practice of medicine. The subject matter is well arranged, intelligently written and assembled, and each subject is fully covered. All the more recent advances have been included in this new edition. It is a handy volume for instruction or reference.

Body Mechanics. By Joel E. Goldthwait, M. D., LL.D., Member of board of consultants, Massachusetts General Hospital, Ex-pres., American Orthopedic Association; Lloy T. Brown, Instructor, Orthopedic Surgery, Harvard Medical School; and John G. Kuhns, Asst. in Orthopedic Surgery, Harvard Medical School. Pp. 281. 99 illustrations. Price $4.00. Philadelphia: J. B. Lippincott Company, 1934.

The authors have endeavored to show that for the human body to be as it should, all parts must perform in

the proper relationship. The anatomic and physiologic features as presented in the chronic patient are stressed to the general practitioner, the diagnostician and to the surgeon. Genral conceptions and considerations of body types, arthritis, and the part played by diseases of the abdominal viscera, the circulatory system and the nervous system, are fully discussed. Treatment is widely discussed with special reference to chronic disease. The chapter dealing with backache contains sound fundamental facts. The authors emphasize the fact that arthritis is not primarily a disease of the joints alone, but that it is a systemic affair, and show that body posture or body mechanics play an important part in the etiology and treatment of the condition. The authors are to be congratulated for the presentation of this timely volume.

The 1934 Yearbook of General Medicine. Edited by George F. Dock, Lawrason Brown, Geo. R. Minot, W. B. Castle, W. D. Stroud and G. B. Eusterman. Pp. 843. Price $3.00. Chicago: The Yearbook Publishers, 1934.

The literature pertaining to general medicine during the year has been excellently summarized. This volume is of particular value to those physicians whose time for reading is limited. A clear, bird's-eye view is given of the literature on infectious diseases and those of the chest, blood and blood-forming organs, the kidneys, the heart, the digestive system and of metabolism. It is a worth-while volume for any one; a post-graduate course in these subjects.

Electrocardiography. By Chauncey C. Maher, B. S., M. D. Assistant Professor of Medicine, Northwestern University and the Montgomery Ward Medical Clinics; Attending Internist at the Cook County Infirmary and the Cook County Hospital and the Passavant Memorial Hospital, Chicago, Illinois. Baltimore: William Wood & Company, 1934.

This treatise on electocardiography is a text that can be well recommended to either the general practitioner, student or specialist in heart disease; written in such a manner that they may learn the value of the electrocardiogram in the diagnosis of cardiac disease, and classification of cardiac arrthymias and the con- their clinical data.

Chapters II and III, devoted to a brief discussion and classification of cardiac arthymias and the conduction system as a whole, are dealt with in a splendid manner.

This text follows on through with schematic drawings and electrocardiographic tracings taken up individually, with a wholesome systematic interpretation of the electrocardiogram well worth any one following. Certainly this type of interpretation and conclusions arrived at is quite valuable to the average physician who is not adept in this field of work.

How to Practice Medicine. By Henry W. Kemp, M. D. Pp. 146. Price $2.50. Paul B. Hoeber, Inc., New York, 1934.

This book is written with the view of keeping the beginner from making avoidable mistakes in his earlier days of practice. Of some interest to all medical men, the volume is written especially for senior medical students, recent graduates and internes.

In as much detail as the space permits the author has set down advice covering many problems likely to be encountered in setting up practice. He has included several points of medical ethics, and shows the importance of keeping the patients satisfied. The book contains several "useful prescriptions," and other therapeutic points are also discussed at intervale.

Although the volume propounds much of the personal, thus losing in general application, it is permeated with the dictates of common sense, and hence may at the least afford pleasant reading to prospective practitioners.

A food product is available containing sufficient vitamin D so that it is unnecessary to go to the expense of buying vitamin D preparations to supplement the diet. For, according to clinical tests, Cocomalt, when taken three times a day, will supply children with enough vitamin D. Cocomalt contains not less than 30 Steenbock (81 U. S. P. revised) units per ounce—the amount used to make one drink. Cocomalt is licensed by the Wisconsin University Alumni Research Foundation. Ordinarily vitamin D preparations are unpalatable, but in this form its existence is unsuspected.

In addition to its importance as a vitamin D supplement to the diet, Cocomalt is helpful where milk intake is a problem. For Cocomalt, which is designed to be mixed with milk, is truly delicious. But a word of warning must be sounded concerning products that appear to be similar to Cocomalt. For the most part these preparations are mere flavorings—a mixture of chocolate and sugar. Cocomalt, however, is a product designed as a food with vitamin content. Its tempting chocolate flavor —important as it may be in making milk more palatable —is secondary to its importance as a body-building food with vitamins.

An interesting booklet about the origin and function of all the accepted vitamins has been prepared by R. B. Davis Company, the makers of Cocomalt. It may be secured on request without cost by writing the company at Hoboken, New York, Dept. 000.

SQUIBB HALIBUT-LIVER OIL CONCENTRATE TABLETS WITH VIOSTEROL 250-D

A new product that has just been released by the Squibb Laboratories is Squibb Halibut-Liver Oil Concentrate Tablets with Viosterol 250-D. These highly potent, chocolate-coated tablets will be prescribed by physicians as an alternative means of administering the vitamins of Viosterol-fortified Halibut-Liver Oil.

Each tablet equals in Vitamin A and D potency, 10 drops (approximately 10 mins.), of Squibb's Stabilized Halibut-Liver Oil with Viosterol 250-D. The vitamin-potency of the tablets is protected by the same methods that have been found to be so successful in affording similar protection in the manufacture of Adex Tablets.

CIGARETTE SMOKE

Michael S. Mulinos and Raymond L. Osborne. Pharmacology of Inflammation: III. Influence of Hygroscopic Agents on Irritation from Cigarette Smoke. Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245. A successful attempt to measure objectively the irritant properties in cigarette smoke is reported. The method used was that described by Hirschhorn and Mulinos; Proc. Soc. Exp. Biol. & Med., 1930, 28, 168. A study of the influence of hygroscopic agents on the edema produced on the conjunctiva of rabbits is given. The hygroscopic agents most commonly used in cigarettes are gylcerine and diethylene glycol. It was stated that "It is is obvious that the cigarettes which have been made with diethylene glycol as hygroscopic agent prove to be less irritating than those with glycerine."

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CARCINOMA OF THE UTERUS AND TREATMENT*

W. DECKER SMITH, B. S., M. D., F. A. C. S.
Texarkana

In presenting the subject I have chosen for this occasion, I realize very well the multitude of material in such a title. My remarks will be confined to cancer of the cervix and of the uterus in general. Reviewing the mortality rates as furnished by the United States Census Bureau, one cannot but realize the terrible task confronting the medical profession in the cure and control of this disease. Cancer is second only to heart disease in the causes of death today, occupying the position that tuberculosis did thirty years ago.

It is generally accepted that cancer is a process characterized by an unrestrained cell growth. This growth seems to start at one or more focal points and, in many instances, to be preceded by a phase of relatively long duration during which the cells are acted upon by something associated with a process of chronic irritation producing a cellular hyperplasia. In it's incipiency cancer is generally localized but sooner or later it spreads by invasion of surrounding tissues at the expense of normal cell growth and function.

The early stages of cancer growth are rarely associated with symptoms, and unless neoplasms happen to be external and can be seen or felt, their existence remains long unsuspected. It is the slow, insidious onset that produces the tragedies we see in the treatment of this disease today.

In most of the countries where statistics are reliable, cancer of the uterus is one of the most frequent causes of cancer mortality in females. In England it is only exceeded by cancer of the breast and in the United States it is the most frequent cause of death in the female. The death rate in these various countries is almost stationary and the tremendous efforts which have been concentrated upon prophylaxis, early recognition and treatment have had little effect on it. Garnick (1929) remarks that the proportion of inoperable cases coming to the Frankfort Gnyecological Clinic remains at 45%, exactly the same as it was in 1919.

From the facts we have learned about the causes of malignancies of the cervix and uterus, there can be little doubt but that cervical erosions, chronic endo-cervicitis and the injuries which occur during delivery are contributory causes for cancer of these organs. These facts are borne out by the statistical studies of O'Brien, Farrer, Crosson and others. The important precancerous factor in chronic endo-cervicitis is epithelial hyperplasia. The common gross changes in the cervix, resulting from endo-cervicitis, according to Farrar and Novak, are erosion and eversion of the cervical lips, cystic changes, abnormal discharge and occasionally, bleeding. Differentiation between this condition and cancer may be impossible except by microscopic study. Leukoplakia, first described by Von Franque in 1907 and recently by Hinselman, who feels that when it is found amputation of the cervix is indicated because it is an almost sure precursor of cancer. Smith and Grinnell are of the opinion that retention of material within the uterus is a frequent etiological factor in corpus carcinoma. In their series of 101 cases of carcinoma of the body of the uterus, 41 cases show definite evidences of improper drainage and the retention of various materials. There still remains considerable doubt just what part fibroma of the uterus play in the production of malignancy. Davis, Smith, Lacy and Klaus have expressed their belief that carcinoma of the body occurs proportionately more frequent in women with fibromyomas.

It is apparently firmly established that uterine cancer is much less common in the Hebrew race than in any other according to statistical data furnished by Sorsby in 1931. The age at which cancer of the cervix and body of the uterus occurs varies considerably. According to Lane and

* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16-'8, 1934.

Claypon, the mean age of women applying to hospitals for treatment is 45 to 75 years. 29.3% of their cases were under 40, which bears out the general belief that the disease has little relation to the menopause. Carcinoma of the body of the uterus is most frequently present after 50. Donner and Shaw believe no unquestionable cases of carcinoma of the body occur before the fortieth year.

Anatomically, carcinoma is classified according to location as follows:

(1) Carcinoma of the vaginal portion of the cervix, that portion between the external os and vaginal vault.

(2) Carcinoma of cervical canal, bounded below by external os and above by the internal os.

(3) Carcinoma of the mucous membrane lining the uterine cavity from the internal os to the fundus.

Histologically, carcinoma is classified as follows:

(1) Squamous cell carcinoma.

(2) Cylindrical cell, or adeno-carcinoma.

(3) Epithelioma and adeno-carcinoma (uncommon.)

Squamous cell cancer nearly always develops in the epithelial covering of the vaginal portion of the cervix, but in rare instances it has been found in the endometrium of the uterine body. The origin here has been attributed to the presence of cell inclusion, but recent investigation tends to prove that it is more probably the result of metaplasia of the surface epithelium. Cylindrical cell cancer of the cervical canal originates in the cells covering the endo-cervix, or in the cells of the cervical glands. Carcinoma of the body is nearly always of the cylindrical cell variety, originating in the surface or glandular epithelium. Of the various anatomical varieties, carcinoma of the cervix is by far the most frequent, constituting about 90% of the cases.

There are certain diagnostic criteria. In order of frequency and importance they are as follows:

(1) Bleeding, occurring irregularly about the menopause should always be looked upon with suspicion. So many patients attribute these changes to the menopause, and quite frequently they are based upon advice from the family physician, which, in many instances, has robbed these unfortunate individuals of a chance for cure. Bleeding arising months or years after the menopause is most suggestive as post-climateric bleeding rarely ever occurs in any other condition.

(2) The discharge present in the early stages is watery and serosanguinent, described by some as a "beefy, watery discharge." The special character of this material is of utmost significance. In the later stages, after sloughing of the tumor mass and secondary infection takes place, the discharge becomes purulent and exceedingly foul.

(3) Pain is rather a late symptom and, most unfortunately, indicates an advanced stage of the disease with involvement of the parametrial tissues and nerve endings.

(4) Bladder and bowel—As infiltration, extension, and widespread involvement of cervix and vaginal wall takes place, the bladder and bowel become involved. There may be dysuria, retention, constipation and rectal pain. As the disease progresses, either vesical or recto-vaginal fistula or both may occur.

Metastasis, as a rule, occurs late, the regional lymph nodes probably being the most prominent site and next in frequency, the liver, ovary and pertitoneum. Warren, in a recent statistical survey on metastasis, shows that the higher the grade of malignancy, the more generalized becomes the metastasis.

The most recent advance in the early diagnosis of squamous cervical carcinoma, which constitutes about 85 or 90 per cent of the cases, has been made by Schiller of Vienna. This test is known as the Lugol's solution test. It is based on the fact that normal vaginal mucous membrane contains a rich supply of glycogen, differing considerably from that glycogen found in the liver, muscles and other organs in that it is not soluble in water. The test is made by applying Lugol's solution to the cervix and vagina with a well saturated sponge or tampon for one to two minutes, after which the excess amount is removed by gentle sponging. In areas in which the test is positive there is an absence of the dark mahogany stain, showing as unstained spots. There are four conditions, according to Schiller, which will not take the stain:

(1) Carcinomatous layers or incipient carcinoma.

(2) The presence of hyperkeratosis as a result of prolapse of the uterus.

(3) The presence of hyperkeratosis as the result of luetic infection.

(4) The desquamation of the upper layers of glycogenous epithelium from trauma.

The negative test is most certain that carcinoma is not present in the cervix. The test is most valuable in biopsy. In Schiller's routine use of this test, he was able to recognize the early stages of the disease and apply the proper treatment with a resulting percentage of cures of 90-95%. The advantage of the test is its simplicity. It can be performed by any physician and will aid materially in the early recognition of this disease. It is useful, however, only in the early recognition of cervical carcinoma. The negative test does not preclude absence of malignancy from the cervical canal or uterine cavity. In these cases with the suspicion of malignancy, curretage is indicated.

For improvement of the morbidity and mortality of this disease, the medical profession as well as the layman, must be awakened to the fact that the disease is curable in its early stages, and that all precancerous lesions, the result of disease or injury, must be corrected if the disease is to be controlled. This calls for considerable education of the public on the early symptoms of the disease and of the importance of early treatment if cures are to be obtained.

In the beginning, radical surgical removal is the procedure of choice. It is estimated that about 40% of the cases are operable when first examined. Of these, about 10% survive the five-year period and remain well. Mobility of the cancerous uterus is generally indicative of freedom from parametrial extension and therefore, of operability.

In our series of 75 cases of carcinoma of the uterus treated during the period 1924 to 1934, approximately 90% were of the cervix and 10% were of the body of the uterus. 12% were treated surgically, either by complete abdominal or vaginal hysterectomy. 88% were treated by radiation therapy, either radium alone or radium combined with deep X-ray therapy. The average incidence of carcinoma of the cervix in our group was 42 years, and for carcinoma of the body, 56 years. It is our personal experience that carcinoma of the body affords a higher percentage of cures than carcinoma of the cervix. It is our experience also that all cases of epithelioma of the cervix come late, and are, as a rule, inoperable.

Our experiences are similar to those Schmidt and Crossen relative to radium therapy. We give these patients the maximum dose of three to five thousand millicurie hours, usually divided into eight day intervals. During this time deep X-ray therapy is given in erythema doses through five or six portals. Deep therapy radiation can safely be repeated at the end of six weeks, and again at the end of three months, according to the indications. In the advanced cases, especially those of grade four, X-ray therapy is given in fractional doses over a much longer interval of time for palliative effects only. The higher the grade of malignancy, the more radio-sensitive we have found them to be. With this type of therapy many of the clinically hopeless cases are apparently cured and 19% of the cases treated with radium alone survive the five-year period. With the modern advancement of deep X-ray therapy, together with the experience gained at various clinics, combination therapy with X-ray and radium has increased the cures over a five-year period to 22%.

In conclusion, let me again express to you my belief that "an ounce of prevention is worth a pound of cure," and if the physician will give his honest and sincere effort to the early removal and treatment of all pre-cancerous lesions, he will be of greatest service to his patients and his community.

DISCUSSION

C. S. Holt, Fort Smith: When we hear papers read on cancer, there are just two things they show: that is, the cures and the deaths. I think that the good surgeons are doing is that we are able to take these cases and make them symptom free for from one to eight years. For that reason, we should have always papers on the number of cases that have been symptom free for a certain number of years.

ENDOCRINE THERAPY IN THE CLIMACTERIC*

G. REGINALD SIEGEL, M. D.
Clarksville

This paper is offered not with the idea of thoroughly covering the subject but more for the purpose of causing the medical profession to concentrate on the pathology produced by endocrine disorders. There are three general types of menopause; namely, the so-called natural, the artificial, which is brought on by surgical interference or ray therapy, and the premature, which occurs at an earlier date than the natural menopause. The symptoms in these three forms are much the same, the principal difference being the age and abruptness of onset. In artificial menopause the symptoms may manifest themselves within a few days following surgical or ray interference.

Symptoms may come abruptly, there may be a gradual change covering a period of years, or they may not occur until the clinical manifestations have terminated. Vasomotor symptoms appear as distressing hot or cold flushes, perspiration, vertigo, faintness, tachycardia, gastrointestinal disorders, numbness and tingling of the hands and feet, various paraesthesias, and vicarious bleeding from the nose or other mucous membrane. Novak asserts that vasomotor conditions are present in eighty per cent of the patients.

The nervous symptoms which are commonly present include irritability from minor or unascertainable sources and excitability. There is a tendency on the part of the patient to worry over little things which in former years were disregarded, and most common of all is a general emotional instability. Many otherwise undiagnosed symptoms that present no definite pathology for their cause can be attributed to endocrine troubles.

All types of psychic symptoms are encountered, from a mild psychoneurosis to an active psychosis. The most common one encountered is that of anxiety. This anxiety differs from fear in that the subject dreaded may not even be known to the patient or it may be some trivial matter out of all proportion to the reaction displayed. Depressions, phobias, and compulsions are also encountered. The psychoneurotic manifestations are most common, the psychotic being in the minority. Various type shocks or conditions producing great sadness have brought about a premature menopause followed later by mental symptoms. The decrease of sexual desire may occur gradually, or in some women, may seem to be abrupt, although some observers feel that these women did not have strong longings. There are times, however, when the inhibitions of sex are removed on account of the diminished fear of pregnancy and this is designated as the dangerous age.

Physical changes in the later stages of any of the three types of menopause include an atrophy of the subcutaneous tissue of the external genitalia and shrinkage with a gradual degeneration of the glandular elements of the generative tract. The glandular substance of the breasts disappears and at times there is a marked increase of body weight. A quite frequent syndrome encountered is that of arthritis, which is undoubtedly due to glandular imbalance.

It is remarkable to note the return of normal conditions in the genitalia and glandular elements of the breasts after careful administration of proper endocrine substances. However, the proper analysis must be made so that the needed substance can be employed. Haphazard administration of glandular substance is unwise and unprofitable.

Frequently hypothyroidal symptoms are present, such as thinning out of the hair, a brittleness of the hair and nails, and a puffiness of the face and occasionally of the hands and feet. Experimentally, the thyroid and ovary are closely associated and this has been emphasized by clinical experience.

Treatment is directy mainly toward amelioration of the vasomotor, nervous, and psychic symptoms. The cessation of menstruation, anatomical changes, and loss of sex feeling must be borne with philosophy at present. The real involution psychosis requires psychiatric care in addition to organotherapy. In a much larger proportion of cases than is commonly believed, amenorrhea or oligomenorrhea are the result of endocrine disorders rather than of pelvic diseases.

I am offering herewith the histories and treatments recorded in three cases of endocrine psychoneuroses, and one with merely the severe irritability and other clinical changes that go with the ordinary type of case often diagnosed as pelvic inflammation.

*Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock April 16-18, 1934.

CASE NO. 1

Physical findings on Miss M. S., December 4, 1930:

Thin, under-nourished, stooped individual, skin sallow, teeth good. Tonsils small. Pupils equal and react to light and accommodation; no convergence or divergence; no nystagmus. Thyroid small; no glandular enlargements. Breasts atrophied. Heart: dullness with normal limits; apex beat in fifth interspace; rate regular; no murmurs. Lungs: No voice changes, percussion changes, or rales heard. Abdomen: Distinct tenderness over the gall bladder area and over the entire course of the colon; abdomen is pot-belly in shape, due to a thoracic spine curvature. There is tenderness over both kidney poles; spleen not palpable; liver dullness not increased. Vaginal: An atrophic uterus with an atrophic vaginal wall; no tenderness. Reflexes, deep and superficial, are present and active. No clonus or abnormal foot signs. Bones and joints are normal except the spine, which presents an anterior-posterior and lateral painless curvature in the mid-thoracic area. The media and fundus are negative; nose membrane not inflamed, no deviation of septum. Ears negative, as are the sinuses. Blood pressure 100/54; pulse varies from 70 to 96. Proctoscopic examination shows a low grade proctitis. Examination of stool was negative for parasites and blood. Urine 1,008, acid, 2 plus albumin, with clumped pus wells. Red cells 4,000,000; hemoglobin 80%; white count 8,000, normal differential. Wassermann and Kahn both negative. Basal metabolic rate minus 4. Ewald test meal showed an absence of free hydrochloric acid, total acitity 22, no blood or lactic acid.

X-ray report as follows: "Patient is very much curved in the thoracic spine, and the abdomen is much distended with gas. Chest is narrow, but shows no unusual markings. Stomach is displaced somewhat in the abdominal cavity and lies high in position; is hypotonic in type. There is some delay as the barium enters the cardiac end, demonstrated readily as the stomach seems rotated by the deformity. However, the stomach fills normally; no incisura; no niche; peristalsis vigorous; sphincter is normal; there are no tender points. Duodenal cap is of medium size, in normal position; fills normally in all positions and is not tender. Ileum is low; fills normally; contains a six-hour residue and is not tender; head of the barium column is at the cecum in six hours. Cecum fills normally. Appendix is not seen. Colon fills normally, is somewhat enlarged, with ptosis of the transverse portion, but the waves of peristalsis are deep and there are areas of rather marked spasticity. There are a few areas in the descending portion which are quite irritable. Upon filling the stomach the initial clearing is rapid. The pylorus stays open for some time and the barium flows quickly into the duodenum and jejunum. Cholecystography shows a gall bladder that fills normally, but with considerable residue after the fatty meal, showing some deficiency in the elasticity of the gall bladder wall. Impression: This is a case of spastic colon with some atonicity, or at least a dilation, and a mild degree of cholecystitis."

This case gave a history of surgical interference at the age of 16, a double oophorectomy following the measles. Had been treated as a gall bladder patient on numerous occasions. Hair sparse and dry, nails brittle, very nervous and subject to a mild epilepsy.

Patient was placed on well balanced diet with all roughage and fried foods eliminated and given hydrochloric acid, thyroid substance, and ovarian substance. Her weight increased from 88 lbs. to 131 lbs. in one year. The spinal curvature straightened and added 1¾ inches to her height. Hair became silky and full of life; skin cleared, losing the sallowness; patient became active and grew stronger; the epileptiform attacks grew less frequent; and today, three years later, the epileptiform attacks apparently do not occur at all. The glandular substance has been continued at intervals to date.

CASE NO. 2

Mrs. A. H., aged 27, married, mother of three children, normal in every respect. A railroad accident took the life of her youngest child. She became very melancholy following the loss and her menses ceased shortly afterwards; weight increased 47 lbs. in three months; mind gradually changed until she acted the part of an idiot, soiled her clothes, became listless and droopy, and was diagnosed as a dementia case and placed in an asylum. She remained in the institution for seven months.

When this case came under my observation there had been no menstruation for fifteen months. Case was examined thoroughly, showing general glandular changes of menopause. She was placed on glandular treatment by oral and hypodermic routes and six vaginal tampons were used. Case menstruated in twenty-two days; mind cleared in six weeks. Today, eight years later, she is still normal in both menses and mind and she has mothered her family in good shape.

CASE NO. 3

Miss F. S., born December 1898, a normal child in every respect, with the exception of occasional outbreaks of malaria and a history of a fractured scapula during her first year. Her normal weight at the age of 21 was 105 lbs. She was very stout, robust, and worked very hard during her girlhood days, even to the extent of doing a man's labor in the fields. She was engaged to be married, but in September 1921, her sweetheart met a violent death and in the latter part of the same year she entered the Benedictine Order. She had developed a very melancholy attitude, took practically no interest in the outside world, and was said to be very, very religious.

On examination she was found to be an absolute virgin with a small vaginal orifice and intact hymen. The subcutaneous tissue of the external genitalia showed an atrophic condition with some degeneration of the generative tract. Breasts were normal except the glandular substance was absent allowing the skin to sag and wrinkle; weight 97 lbs., blood pressure 100/60; pulse 108, all reflexes highly exaggerated; a generalized eruption of entire body, generalized hairy growth on the face as we often find in the aged female; feet and hands swollen; an enlargement of the articular processes; both knees slightly ankylosed, and impossible to relax them without pain; hair sparse, had been coming out in areas resembling alopecia aerata, very dry and lifeless in appearance; appetite very good; very restless with short intervals of sleep; bowels and kidneys act normal, but patient unable to control them until assistance to the stool can be given by the attendants.

Her mental condition was blank, except for the recognition of certain people and the ability to read any written article placed before her. She had a predominant apprehension of all strangers, having the impression they were about to steal any object that might be within her vision. The major psychic symptom in this case was that she thought people were swearing, cursing, or calling her

vile names. She did not recognize her given name nor her adopted name if spoken, but readily understood their proper place if written and presented to her to read. The training of this patient in the convent must be taken into consideration, as a nun is taught to exclude that part of her life prior to receiving her vows. She was very reticent in looking at pictures or discussing events having to do with her life as a girl. Her menstrual life started at the age of 14 and continued until 1929, at which time it ceased and had not appeared up to the time of this examination. She was an inmate of an Iowa mental and nervous hospital for eleven months in 1931 and had been an inmate of the mental and nervous hospital in Arkansas until December 1932. She had not received any medicinal treatment at either institution. We endeavored to handle this from a strictly endocrine standpoint.

At the end of first week patient was able to sit up all day, asked to be put to bed at night, slept fairly well, appetite improved, bowels and kidneys were more regular in action, the urine had cleared up, and the feces were beginning to become solid. At the end of second week patient asked to be taken to toilet and could control bowels and kidneys, swelling entirely gone from wrists and hands and decreased in knees and ankles. She slept soundly at night and it was not necessary to fasten her in bed. At the end of third week the rash had almost entirely disapeared from face and body, wrinkles were fast disappearing from skin, and hair was oily with a luster showing life and growth of new hair. Patient had a great deal of strength in arms. Edema had left both knees and feet. She showed fits of rather a mean temper when provoked. At the end of fourth week patient spoke to visitors, calling those of her former acquaintance by name, had dried the dishes on two occasions, walked about fifty paces alone, showed an increase in weight, and there was firmness and good color in breasts. She began to notice conversation which was displeasing to her and answered back in her own defense. At the end of two months light menses appeared, of very foul odor and thick. Patient carried on a very rational conversation, but lapsed into prayers at times. Helped with dishes and cooking. All edema had cleared up although the arthritis in knees had not entirely disappeared. At the end of eight months the patient had regained normal posture and the ankylosis has disappeared from all joints. She now weighs 142 lbs. and her mind has remained rational in every respect from October 21st up to the present writing, December 2nd. I cannot definitely state at this time the outcome of the case, but from all appearances, we may expect a perfectly normal being.

CASE NO. 4

Mrs. G. W. M., age 27 years, married for ten years, mother of two children ages six and three years, past health good until one year ago, not past history of sickness except during confinement, started complaining of pain in abdomen and air hunger and a continual pain in head and neck. Weighed at time of examination 110 lbs. Pulse was very rapid, ranging from 130 to 146. Failed to menstruate in January, 1933, and did not show any signs of menses over a period of five months. This case was brought to my attention because the patient continually refused to eat, refused to mother her children, and did not speak a word to anyone.

She was placed in the hospital for observation and forced feeding was used until she regained sufficient strength to start glandular medication. Pituitary substance, ovarian substance, thyroid substance, and 50 per cent glucose were used over a period of six weeks by the hypodermic route and the patient was dismissed from the hospital when she resumed eating voluntarily.

Following her dismissal from the hospital she was placed on glandular substance by the oral route and at the present time, three months later, she is perfectly normal mentally, doing her house work, mothering her children, and serving in the capacity of a wife. She is menstruating at 28-day intervals with the menses lasting four to five days.

There are numerous cases without mental derangements that have been treated for amenorrhea in a milder manner and we have found them to respond very nicely in all cases.

RESULTS OF PNEUMOTHORAX.

Pneumothorax treatment, somewhat slowly adopted by the American medical profession, has now established itself as one of the most important weapons in the fight against tuberculosis. For some years there has been felt a need for more precise data so that pneumothorax therapy might be fairly evaluated. A Committee on Artificial Pneumothorax of the American Sanatorium Association, after four years work, completed a survey of pneumothorax in representative American tuberculosis sanatoria covering the period 1915-1930. The Committee published its report recently in the American Review of Tuberculosis. It is possible here to offer only brief extracts of the study and the more important conclusions.

Of fifty sanatoria which volunteered to collaborate, twenty-four furnished data on pneumothorax sufficiently complete and suitable for study and tabulation.

To obtain comparable data it was necessary to define a number of terms. **Intentional** termination of pneumothorax was assumed when refills had been allowed to relapse. Termination was considered **unintentional** when obliterative adhesions had encroached on the pleural cavity. The term **pneumothorax treatment** required that there must be a demonstrable pleural sac and the patient must have received at least 100 c.c. of air or gas at regular intervals over a period of at least three months.

Very important, not only for this study but for consideration of pneumothorax in general, was the effort of the Committee to define precisely what is meant by **effective collapse.** The Committee decided that the folfollowing three conditions should be met, or at least two of them, when the third was doubtful or not stated:

1. Disappearance of symptoms.
2. Disappearance of bacillary sputum.
3. Demonstrable closure of cavities, especially roentgenographically.

The incidence of pneumothorax reported by the sanatoria varied from 1 per cent to 34 per cent with an average of approximately 10 per cent.

Approximately 40 per cent of the cases which received pneumothorax treatment, showed considerable cavitation, and 25 per cent moderate cavitation.

Effective collapse was obtained or maintained in 38 per cent of the cases. In nearly two-thirds of the series it was necessary to discontinue treatment prematurely, most frequently because of the development of pleural complications. Two factors, small proportion of cases susceptible to effective collapse, and forced premature discontinuance of collapse, appear to limit most seriously the success of pneumothorax therapy.

THE TYPHOID BACILLUS IN MILK AND WATER SUPPLIES

W. B. GRAYSON, M. D.
State Health Officer, and
H. V. STEWART, B. S.
Director Hygienic Laboratory
Little Rock

The fact that the typhoid bacillus is transmitted by both milk and water supplies is so well established that nothing further need be said on that point, but how to establish its presence in a particular milk or water supply is quite another matter. There seems to be an impression in the mind of the laity and even of some members of the profession that there is a comparatively simple procedure by means of which the laboratory is able to establish the presence of the typhoid bacillus in a small sample of milk or water. When one considers the fact that one or two typhoid bacilli per gallon of milk or water are sufficient to start a serious epidemic and how almost impossible it is for the laboratory to search out, find and identify the one or two typhoid bacilli in a gallon of milk that may contain thirty-eight million bacteria per gallon and still be the best quality Grade A milk; or to find the one or two typhoid bacilli in a gallon of water that may contain as many as 375,000 bacteria per gallon and still be classed as acceptable and safe drinking water, one realizes that the task is not so simple after all and that even the best of laboratories has its limitations.

After considering the difficulty of isolating the typhoid bacillus from suspected milk or water supplies, we are forced to the conclusion that some other means than the direct examination of the sample must be used in obtaining our information. So we gather together the known facts concerning the typhoid bacillus and plan our work accordingly.

In the first place, we know that the typhoid bacillus is not a normal inhabitant of milk or water and, therefore, it must gain access to the milk or water from some source where it is normally able to grow and multiply. The most logical source to consider in meeting this requirement is the human intestine where we know that the typhoid bacillus is able to grow and even multiply to the extent that the host of this unwelcome bacillus becomes ill and develops what is known as typhoid fever. We also know that certain individuals harbor the typhoid bacillus without showing any symptoms of the disease, and that other individuals continue to harbor the bacillus for varying periods of time after they have recovered from an attack of typhoid fever. These two classes of individuals are known as typhoid carriers. So it seems logical then, when we are endeavoring to determine whether or not a milk or water supply is safe for use, to search out the source or sources from which the typhoid bacillus may have gained entrance to the milk or water supply.

In the case of milk supplies we first determine whether or not there is an active case of typhoid fever among those who handle the milk; second, whether a person recently recovered from typhoid fever is in any way associated with the handling of milk; third, whether there are any typhoid carriers associated in any way with the handling of milk; and, fourth, but not least in value, we examine critically the sanitary surroundings of the dairy and the manner in which the milk is handled to determine whether the typhoid bacillus could gain entrance to the milk if a carrier were assisting in its preparation for the market.

In the case of water supplies we must make a careful sanitary survey of the well and its surroundings to determine the possibility of human excrement gaining entrance to the water supply. This will involve first the location of the well to determine whether sewage laden water from a privy or broken sewer line may gain entrance to the well by seepage through the soil; second, whether the well is properly tiled and fitted with a tight cover so that surface contamination cannot gain entrance either by waste water or during periods of rainy weather; and, third whether or not the well is provided with a pump so that the water from the well may be brought to the surface without introducing contaminating material from any source.

Since it is impractical to make a bacteriological examination of the water for the purpose of finding the typhoid bacillus, we must use some other factor by which to judge the fitness of the water for drinking purposes. The factor we have chosen for this purpose is the presence or absence of the bacillus coli communis (commonly known as B. coli but properly referred to as Escherichia coli), for we know that it is not a normal inhabitant of water but is a normal inhabitant of the intestinal tract of both man and beast. Therefore, if we find it present in water we know that that water is being contaminated with the fecal discharge from either man or beast and

it is possible for the typhoid bacillus also to be present and thus render the water potentially dangerous and unfit for drinking purposes.

The significance of B. coli in milk is not to be interpreted in the same manner as we interpret its presence in water, for we know that B. coli, being a normal inhabitant of the intestinal tract of cows and other farm animals, will naturally be found in great numbers in the soil and dust around barnyards and dairy barns and thus will be present on the hair and udders of the cows. Therefore, when B. coli is found in milk its presence indicates first that the milking was done in a dusty, dirty barn, and from cows that had not been properly cleaned before being milked; or second, that the milk buckets and other utensils were not properly cleaned before being used. These facts being true, it is easily seen that a careful inspection of the dairy and the methods of procedure used in that dairy will divulge far more information than any laboratory test that could be made.

In our endeavor to establish the safety of a water supply we must again consider the value of a careful inspection of the well and its surroundings and realize the limitations of the laboratory examination. As has been shown, B. coli may have its origin in the intestinal tract of man where it may be associated with the typhoid bacillus and thus if found in a water supply would render that water unsafe for drinking purposes. Unfortunately the laboratory examination is unable to differentiate between the B. coli of human origin and those originating in the intestines of animals. Therefore, unless the well is protected from all visible evidence of sewage contamination, is tightly covered, and provided with a pump so that an uncontaminated sample of the water may be collected, it is useless to expect the laboratory to say whether the contamination found is or is not dangerous in character.

Open wells and those wells provided with a rope and bucket are invariably subject to contamination by dust and dirt blown or washed into the well and from dirty hands that handle the rope and bucket and thus contaminate the water. A laboratory examination is useless to determine its safety for in this case B. coli may be present in the water in relatively large numbers but still the water may be safe for drinking purposes provided the possibility of sewage contamination can be excluded.

Thus it is clearly apparent that it is useless and a waste of time and money to send samples of water to the laboratory for examination from open wells or wells that are provided with rope and bucket, and other such unprotected sources, for we know from our sanitary survey alone that such supplies are contaminated and, therefore, potentially dangerous.

RESOLUTION

Whereas, God in his infinite wisdom has suddenly snatched from our midst our friend and colleague, Dr. V. L. Pascoe, Newark, Arkansas, and

Whereas, Dr. Pascoe was endeared to us by his genial personality, his kindliness, and charitable nature. Not only did his traits of character appeal to us and make us desire to emulate them; but we shall ever remember his medical skill and his ability to cure the sick. He was born and reared in this county and gave his entire life to the practice of medicine here. He was ethical in his dealings with other physicians and was a real friend to the young doctors. He was not only a leading man in his profession but one of our best citizens. His friends were numbered by all who knew him.

Therefore, Be it resolved that the Independence County Medical Society in session assembled express our appreciation for the noble work that Dr. Pascoe has done among us; that we as a society feel a sense of personal loss in his death and shall ever cherish his memory; and that we recommend to the members of the society that they follow the high ethical standards which Dr. Pascoe unfailingly followed; and

Be it further resolved that we express our sympathy to Mrs. Pascoe for her irreparable loss; and that a copy of this resolution be sent to Mrs. Pascoe; that a copy be spread on the minutes of the society and that a copy be sent to the press.

DR. O. L. BONE, Newark, Ark.
DR. L. T. EVANS, Batesville, Ark.,
DR. F. A. GRAY, Batesville, Ark.,
Committee.

COMING MEDICAL MEETINGS

Third Councilor District Medical Society, De-Vall's Bluff, April 5th.

Second Councilor District Medical Society, Batesville, April 8th.

ARKANSAS MEDICAL SOCIETY, FORT SMITH, APRIL 15-17TH.

Ninth Councilor District Medical Society, Mountain Home, June 4th.

American Medical Association, Atlantic City, June 10-14th.

THE JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

DR. W. R. BROOKSHER, Editor
610 First National Bank Bldg., Fort Smith, Arkansas

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

We are not stand patters. We are willing to try any experiment which looks as though it might be the answer to the modern problem of care of the sick poor. But it must be a controlled experiment. And we must be assured that, so far as we can control it, standards of practice will not be lowered.—Morris Fishbein, M. D., in Minnesota Medicine.

EDITORIAL

ANNUAL SESSION.

The Sixtieth Annual Session of the Arkansas Medical Society will convene in Fort Smith on April 15, 16 and 17th. This issue carries the preliminary program and announcements. Particular attention is directed to the scientific program with its guest speakers, a well-chosen list of physicians qualified to address the Society on diversified topics. The Society is honored in that Dr. Walter L. Bierring, President of the American Medical Association, selected Arkansas as one of the states whose invitation he would accept at a time when there is an unusual demand for his services by state societies. His message to the general session will concern itself with the activities of the parent association. For the evening public session, his subject will be, "The Doctor and Plans for Economic Security." The Society is fortunate in having a speaker of such prominence to present the viewpoint of organized medicine on proposed socialistic measures for medical care. That Arkansas physicians are continuing their studies and research is manifest from their number and the character of their papers on the scientific program.

Several important matters await the action of the House of Delegates. The need for a broadening of the activities of the Society, more pressing now because of efforts at the socialization and regimentation of the medical profession, cannot be met on the present curtailed income. If the Society is to render the proper service and to make membership indispensable to the physicians of Arkansas, there must be added income for the inauguration of new services, as well as for the extension of existing functions. There is a constant demand that the state society undertake new projects, that its influence be extended to other fields and that it aggressively fight to eradicate situations harmful alike to the public welfare and to the practice of medicine which now exist in the state. Too, there is need for a more efficient organization of county units, for a more aggressive plan of attack when the rights of members are threatened by legislative action, or in other manner. The Society must actively plan and support publicity favorable to organized medicine as opposed to the panaceas so widely offered by social workers and philanthropists. All these and other problems require the thoughtful attention of the delegates.

The Sebastian County Medical Society as hosts assures every member a good time, having arranged for social functions sufficient to produce relaxation from all cares of the every-day practice of medicine as well as from the routine of the convention work-day. The social features of the 1930 meeting were favorably commented upon by all members in attendance. The host society assures The Journal that these features of the 1930 session are being used as the start for the 1935 festivities and that the additions will be pleasing indeed.

IN MEMORIAM.

The publication in this issue of the names of those members who have answered their Last Call prompts the thought that too often this opportunity to suitably record the passing of ones near and dear to many of us is not afforded The Journal. With rare exceptions the information contained in the obituary notice is obtained from sources other than the colleagues of the deceased physician. Often a long time elapses before the editorial force receives any notice of the fact, press notice of the physician's death not being observed by the editor.

Usually the member's county society appoints a committee to draft suitable resolutions of his activities and character. This should be the invariable custom. These resolutions should be submitted to The Journal in form for publication that they may stand as a permanent record.

The Journal makes the plea that county society secretaries and friends of our departed colleagues take steps to see that The Journal is promptly advised on these occasions, and that suitable memorial resolutions are promptly prepared. This much is the privilege of those who mourn.

LEGISLATIVE COMMITTEE.

"Energy and Persistence conquer all."—Franklin.

To the Legislative Committee which worked long hours and most diligently during the Fiftieth General Assembly of the State of Arkansas, the Society offers its most sincere appreciation. The program of medical legislation as proposed by this committee was carried out in every particular. Certain harmful measures, and their number was not few, were unsuccessful due to the untiring efforts of the members of the committee. Participation on this committee requires far more than routine adherence to the ideals of organized medicine; it requires unselfish sacrifice of personal interests, the denial of personal gain in practice lost, in order that the interests of the Society may be ever protected. The Society may well be proud of these members and their accomplishments.

EDITORIAL COMMENT

Members will be interested to know of the accomplishments of the Legislative Committee during the recent session of the legislature. Four laws were enacted which are of definite benefit to the physicians of Arkansas: (1) Fixing a three-year statute of limitations on malpractice actions, the time to run from the time of the commission of the alleged malpractice; (2) Providing that each of the healing art boards shall file in the office of the secretary of state the names of all licentiates to whom licenses have been issued during the past twenty years, and that the bureau of vital statistics shall further certify to the secretary of state the names of all deceased licentiates; (3) to restrict the sale of barbituric acid preparations except on the prescription of a physician or dentist; and (4) providing for the recognition, in their discretion, by the State Medical Board of the Arkansas Medical Society of certificates issued by the National Board of Medical Examiners. A number of bills, harmful to the interests of the medical profession, were either defeated or not introduced because of the efforts of the committee and our legal counsel, Hon. Peter A. Deisch. Among these were liberalization of the privileges of osteopaths, the workmen's compensation bill, the so-called "barber" bill and the resolution calling for an investigation of the faculty of the medical school.

OBITUARY

JAMES WILEY SLAUGHTER, aged 49 years, died suddenly at his home in Kilgore, Texas, March 17th, 1935. A practicing phyician of Norphlet for the past twelve years, Dr. Slaughter had only moved to his new location in February. He was a graduate of the University of Arkansas School of Medicine in 1912 and was a member of the Union County Medical Society and a Fellow of the American Medical Association. Surviving relatives are his wife and one daughter.

Preliminary Program & Announcements

OF THE

SIXTIETH ANNUAL SESSION OF THE

ARKANSAS MEDICAL SOCIETY

FORT SMITH

APRIL 15, 16, 17, 1935

HEADQUARTERS—GOLDMAN HOTEL

OFFICERS

PRESIDENT—F. O. Mahony, El Dorado.
PRESIDENT-ELECT—M. E. McCaskill, Little Rock.
FIRST VICE-PRESIDENT—A. M. Elton, Newport.
SECOND VICE-PRESIDENT—S. C. Fulmer, Little Rock.
THIRD VICE-PRESIDENT—F. D. Smith, Blytheville.
TREASURER—R. J. Calcote, Little Rock.
SECRETARY—W. R. Brooksher, Fort Smith.

COUNCILORS AND COUNCILOR DISTRICTS

FIRST DISTRICT—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, W. M. Majors, Paragould. Term of office expires 1935.

SECOND DISTRICT—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, S. J. Allbright, Searcy. Term of office expires 1936.

THIRD DISTRICT—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, M. C. John, Stuttgart. Term of office expires 1935.

FOURTH DISTRICT—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln counties. Councilor, C. W. Dixon, Gould. Term of office expires 1936.

FIFTH DISTRICT—Calhoun, Columbia, Dallas, LaFayette, Ouachita and Union Counties. Councilor, L. L. Purifoy, El Dorado. Term of office expires 1935.

SIXTH DISTRICT—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, Don Smith, Hope. Term of office expires 1936.

SEVENTH DISTRICT—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott counties. Councilor, Geo. B. Fletcher, Hot Springs National Park. Term of office expires 1935.

EIGHTH DISTRICT—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell counties. Councilor, S. B. Hinkle, Little Rock. Term of office expires 1936.

NINTH DISTRICT—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, D. L. Owens, Harrison. Term of office expires 1935.

TENTH DISTRICT—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington counties. Councilor, S. J. Wolfermann, Fort Smith. Term of office expires 1936.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—L. J. Kosminsky, Texarkana, (1935); W. R. Brooksher, Fort Smith, (1934).

COMMITTEES

(Appointments expire in the year indicated)

SCIENTIFIC WORK—L. L. Purifoy, Chairman, El Dorado (1935); R. B. Robins, Camden (1936); W. R. Brooksher, Fort Smith (1937).

MEDICAL LEGISLATION—Val Parmley, Chairman, Little Rock (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); H. T. Smith, McGehee (1936); R. L. Smith, Russellville (1936); A. S. Buchanan, Prescott (1935); H. A. Dishongh, Little Rock (1935).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman, Little Rock (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, Crawfordsville (1937); H. K. Carrington, Magnolia (1936); H. A. Stroud, Jonesboro (1936); J. H. Fowler, Harrison (1935); E. J. Munn, El Dorado (1935).

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Chairman, Little Rock (1937); David Levine, El Dorado (1936); J. B. Futrell, Rector (1935).

PUBLIC RELATIONS—D. A. Rhinehart, Chairman, Little Rock (1937); E. E. Barlow, Dermott (1936); M. E. McCaskill, Little Rock (1935).

MEDICAL ECONOMICS—I. F. Jones, Chairman, Fort Smith (1937); R. B. Robins, Camden (1937); J. E. Neighbors, Stuttgart (1936); D. E. White, El Dorado (1936); Roy Millard, Dardanelle (1935); A. C. Shipp, Little Rock (1935); R. M. Sloan, Jonesboro (1935).

SCIENTIFIC EXHIBIT—F. H. Krock, Chairman, Fort Smith (1935); H. King Wade, Hot Springs National Park (1936); W. E. Gray, Hot Springs National Park (1937).

ARRANGEMENTS—(Host Society 1935 meeting)—D. W. Goldstein, Chairman; C. S. Holt, J. A. Foltz, H. Moulton, M. E. Foster, W. G. Elberle, I. F. Jones.

NECROLOGY—W. H. Mock, Chairman, Prairie Grove (1935); J. M. Lemons, Pine Bluff (1936); H. Moulton, Fort Smith (1937).

AUXILIARY—L. J. Kosminsky, Chairman, Texarkana (1935); W. T. Wootton, Hot Springs National Park (1936); C. S. Holt, Fort Smith (1937).

CANCER CONTROL—D. W. Goldstein, Chairman, Fort Smith (1937); R. L. Saxon, Little Rock (1936); L. A. Purifoy, El Dorado (1935).*

* Deceased.

ANNOUNCEMENTS

REGISTRATION

The registration desk will be located in the Goldman Hotel lobby and will be open from 8:00 a. m. to 5:00 p. m.

The delegates are requested to register as early as possible, so that the House of Delegates may proceed with its business, beginning promptly at 9:30 a. m., April 15th. Members are also requested to register and receive the official badge and program.

All meetings except the open session on Monday evening, April 15th, will be held in the Goldman Hotel. The open session will be held in the Senior High School Auditorium, North 23rd and "B" streets.

MEETING OF THE COUNCIL

The Council of the Arkansas Medical Society, including the Past-presidents, will meet at noon each day with luncheon in the private dining room, Goldman Hotel, immediately following the adjournment of the morning sessions.

GOLF

Members will be privileged to play at Rolling Knolls, Hardscrabble, or U. C. T. Clubs. Greens fees will be waived on presentation of the official badge. The Dewell Gann, Jr., cup will be contested for at Hardscrabble Country Club. Members desiring to play golf are requested to so indicate when registering. Further announcements will be made during the meeting.

CIVIC CLUBS

Meeting in Goldman Hotel at 12:10 p. m.

Tuesday, April 16th—LION'S CLUB.

Wednesday, April 17th—ROTARY CLUB.

PROGRAM

HOUSE OF DELEGATES

First Meeting, Goldman Hotel, April 15, 9:30 a. m.

Meeting called to Order by F. O. Mahony, President.

Calling Roll of Delegates.

Appointment of Credentials Committee and their report.

Introduction of Fraternal Delegates.

Adoption of Minutes of the Fifty-Ninth Annual Session as published in the June, 1934, issue of the Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

REPORT OF COMMITTEES

SCIENTIFIC WORK—L. L. Purifoy, Chairman.

MEDICAL LEGISLATION—Val Parmley, Chairman.

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman.

MEDICAL EDUCATION AND HOSPITALS—Joe F. Shuffield, Chairman.

PUBLIC RELATIONS—D. A. Rhinehart, Chairman.

MEDICAL ECONOMICS—I. F. Jones, Chairman.

SCIENTIFIC EXHIBIT—F. H. Krock, Chairman.

NECROLOGY—W. H. Mock, Chairman.

CANCER CONTROL—D. W. Goldstein, Chairman.

ARRANGEMENTS—D. W. Goldstein, Chairman.

REPORT OF THE COUNCIL—S. J. Wolfermann, Chairman.

ADVISORY COMMITTEE TO THE EMERGENCY RELIEF ADMINISTRATION—M. E. McCaskill, Chairman.

REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY—A. S. Buchanan, Secretary.

REPORT OF DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—L. J. Kosminsky.

REPORT OF FRATERNAL DELEGATES.

REPORT OF THE TREASURER.

REPORT OF THE SECRETARY.

NEW BUSINESS.

SELECTION OF THE NOMINATING COMMITTEE.

SELECTION TO FILL VACANCIES ON THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY. (Report to be made at the final general session.) Terms expiring: W. A. Snodgrass, Little Rock; W. W. Verser, Harrisburg, and W. W. York, Ashdown. Drs. Verser and York have served eight years which, according to law, eliminates them from further service.

SCIENTIFIC SESSION

MONDAY, APRIL 15, 1:30 P. M.

CALLING THE SOCIETY TO ORDER—F. O. Mahony, President.

INVOCATION—Rev. H. C. Henderson, First Methodist Church.

ADDRESS OF WELCOME—Hon. Jim Jordan, Mayor of Fort Smith.

ADDRESS OF WELCOME ON BEHALF OF SEBASTIAN COUNTY MEDICAL SOCIETY—F. H. Krock, Fort Smith.

RESPONSE ON BEHALF OF THE ARKANSAS MEDICAL SOCIETY—W. T. Wootton, Hot Springs National Park.

President's Annual Address.

"The Functions of the American Medical Association," Walter L. Bierring, President, American Medical Association, Des Moines.

"Some Diagnostic Problems in Diseases of the Lungs"—S. E. Thompson, President, Texas State Medical Association, Kerrville, Texas.

"The Problem of Malaria"—W. B. Grayson, Little Rock.

"The Use and Abuse of Digitalis"—A. G. Sullivan, Hot Springs National Park.

"Vaginal Hysterectomy with the Original Pryor Clamp"—H. D. Wood, Fayetteville.

NOTICE

Stenographic report of discussions will not be available for the 1935 annual session. This is in line with the practice of a number of medical societies and is in effect for the 1935 session as an experimental measure. Discussants are requested, therefore, to furnish a summary of their remarks to the editor at their earliest convenience in order that the discussion may be published with the paper in The Journal.

EVENING SESSION

(Open to the Public)

SENIOR HIGH SCHOOL AUDITORIUM,
23rd and "B" Streets
8:00 P. M.

CALLING THE MEETING TO ORDER—F. H. Krock, President, Sebastian County Medical Society.

INVOCATION—Rev. Carleton D. Lathrop, St. John's Episcopal Church.

INTRODUCTION OF DISTINGUISHED GUESTS—F. O. Mahony, President, Arkansas Medical Society.

ADDRESS—Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association—"The Woman's Auxiliary and the Medical Profession."

ADDRESS—Walter L. Bierring, M. D., Des Moines, President, American Medical Association—"The Doctor and Plans for Economic Security."

MEMORIAL SESSION

TUESDAY, APRIL 16, 8:30 A. M.

Joint Session with the Auxiliary
Goldman Hotel

CALLING MEETING TO ORDER—President Mahony.

INVOCATION—Rev. J. W. Hickman, First Presbyterian Church.

MUSICAL SELECTIONS—Southwestern Studios of Musical Art.

MEMORIAL ADDRESS—W. H. Mock, Prairie Grove.

MUSICAL SELECTIONS—Southwestern Studios of Musical Art.

BENEDICTION.

DECEASED MEMBERS

William Edward Hughes, Pocahontas, March 27, 1934.
Spencer Allen Collom, Texarkana, April 26, 1934.
Oleander Howton, Luxora, Mary 7, 1934.
David A. Hutchinson, Nashville, May 27, 1934.
Miles Dawson Kelly, Lonoke, June 11, 1934.
William H. McKie, Wynne, June 13, 1934.
Benjamin F. Tarver, Star City, June 20, 1934.
Othello Moreno Bourland, Van Buren, June 28, 1934.
James Vance Ferguson, El Dorado, July 8, 1934.
Walton W. Lowe, Gillett, September 16, 1934.
Frank C. Robinson, Little Rock, September 19, 1934.
Arthur Gilbert Harrison, Searcy, October 5, 1934.
Edward Walker Blackburn, Ozark, October 31, 1934.
Charles Edward Park, DeWitt, November 20, 1934.
Elam Hensley Stevenson, Fort Smith, November 20, 1934.
Warren Laws Snider, Hot Springs National Park, December 12, 1934.
William Hunt Blankenship, Pine Bluff, December 12, 1934.
Frank E. Hurrle, Little Rock, January 14, 1935.
William H. Miller, Little Rock, January 24, 1935.
Virgil L. Pascoe, Newark, January 29, 1935.
Leslie A. Purifoy, El Dorado, January 26, 1935.
Phillip Ross Watkins, Mena, February 24, 1935.
James Wiley Slaughter, Kilgore, Texas, March 17, 1935.
William Noah Elkins, Junction City, March 17. 1935.

SCIENTIFIC SESSION

TUESDAY, APRIL 16, 9:30 A. M.

"Appendicitis in Childhood"—Eugene Rosamond, Memphis.

"Cicatricial Stenosis of the Oesophagus"—Lucian H. Landry, New Orleans.

"Fractures About the Elbow"—Val Parmley, Little Rock.

"Underwater Therapy in the Treatment of Chronic Arthritis" (Motion picture presentation)—Euclid M. Smith, Hot Springs National Park.

"A Review of 300 Cases of Breast Tumors"—M. J. Kilbury, Little Rock.

SCIENTIFIC SESSION

TUESDAY, APRIL 16, 1:30 P. M.

"Types of Neurosyphilis Benefited by Malaria Therapy"—Paul A. O'Leary, Rochester, Minnesota.

"Practical Management of the Asthmatic Child"—Ralph Bowen, Oklahoma City.

"Further Studies in Prostatic Resection"—H. Fay H. Jones and T. Duel Brown, Little Rock.

"Hysetria in General Practice"—F. P. Hardy, Searcy.

"Undulant Fever"—H. A. Dishongh, Little Rock.

"Management of Pertussis"—Robert Hood, Russellville.

SCIENTIFIC SESSION

WEDNESDAY, APRIL 17, 9:00 A. M.

"Cancer of the Rectum: Factors Affecting Its Cure"—(Motion picture presentation)—G. V. Brindley, Scott and White Clinic, Temple, Texas.

"Goitre"—(Motion picture presentation)—John M. Smith, Russellville.

"Recent Advances in Gynecology"—Ralph A. Reis, Chicago.

"Bandl's Ring"—Ernest Harl White, Little Rock.

"Femoral Hernia with Unusual Contents"—O. J. T. Johnston, Batesville.

"Malaria"—M. S. Dibrell, Van Buren.

"Vertigo"—Pat Murphey, Little Rock.

AFTERNOON SESSION

FINAL MEETING OF THE HOUSE OF DELEGATES
GOLDMAN HOTEL, APRIL 17, 1:30 P. M.

CALLING MEETING TO ORDER—F. O. Mahony, President.

ROLL CALL.

REPORT OF NOMINATING COMMITTEE.

ELECTION OF OFFICERS:

- President-Elect.
- First Vice-President.
- Second Vice-President.
- Third Vice-President.
- Secretary.
- Treasurer.
- Five Councilors.
- Delegate to the A. M. A.

REPORT OF THE COMMITTEES.
FURTHER NEW BUSINESS.
ADJOURNMENT.

FINAL GENERAL SESSION

WEDNESDAY AFTERNOON, APRIL 17

(Immediately after adjournment of the House of Delegates)

CALLING MEETING TO ORDER—F. O. Mahony, President.

UNFINISHED BUSINESS.

REPORT OF THE REFERENCE COMMITTEE.

PRESENTATION OF PRESIDENT M. E. McCASKILL.

PRESENTATION OF PRESIDENT-ELECT.

NEW BUSINESS.

SELECTION TO FILL VACANCIES ON THE STATE BOARD OF MEDICAL EXAMINERS.

SELECTION OF PLACE OF NEXT MEETING.

ADJOURNMENT SINE DIE.

PROCEEDINGS OF SOCIETIES

The February meeting of the Little River County Medical Society was held jointly with the dentists, druggists and health workers of the county with speakers from each profession. Officers elected for 1935 were: President, P. H. Phillips; Secretary-treasurer, J. W. Ringgold; Delegate, H. Castile; Alternate, P. H. Phillips.

A preliminary organization meeting of the Arkansas State Pediatric Association was held in Little Rock on March 6th by the following: C. B. Billingsley, Fort Smith; G. D. Murphy, El Dorado; A. C. Kirby, Little Rock; Sam Phillips, Little Rock; V. T. Webb, Little Rock; Irving Spitzberg, Little Rock; Charles Wallis, Little Rock; J. E. Jones, Little Rock; Morgan Smith, Little Rock; Madeline Melson, Little Rock; and E. C. McMullen, Pine Bluff. The objects and purposes of the Society as set forth in the constitution are: "To bring into closer relationship the pediatricians of the state and those especially interested in the life and care of the child; That members of this Society may, through organization and association, be stimulated to espouse sound and thorough pediatric education and be encouraged to maintain the highest standards in pediatric practice; that there may be a better co-operation with local, state, federal and other approved agencies devoted to the promotion of child welfare; that the stimulation of the interest of the general practitioner in the problems of child life may be increased and postgraduate study in pediatrics encouraged." Membership is not limited to those who limit their work to pediatrics, provision being made for the admission of those physicians who are especially interested in the life and care of the child, who may, through associate membership, enjoy the clinical privileges of the Society. The first annual meeting will be held at Fort Smith on the morning of April 15th and similar annual meetings will be held at the place and time of the annual session of the Arkansas Medical Society. Officers are: Morgan Smith, Chairman, and Madeline Melson, Secretary.

The St. Francis County Medical Society held its annual meeting at Forrest City during February, a dinner preceding the program. Speakers were: R. Longest, Wynne; J. O. Rush, Forrest City; W. B. Grayson, Little Rock; Russell Hennessey, Memphis, and F. Vinsonhaler, Little Rock. Officers elected are: President, C. V. Powell, Round Pond; Vice-President, H. L. McLendon, Palestine; Secretary-treasurer, J. O. Rush, Forrest City; Delegate, W. A. Winter, Widener; and Alternate, H. L. McLendon, Palestine.

J. O. RUSH, Secretary.

The Faulkner County Medical Society was addressed February 21st by R. L. Saxon, Little Rock, on "The Pathology, Diagnosis and Treatment of Cancer of the Uterus."

The Crawford County Medical Society met at Van Buren February 26th. Dr. Fount Richardson, Fayetteville, acting district health officer, explained the plan for a district health unit to be composed of Crawford, Benton and Washington counties.

The Benton County Medical Society met February 21st as the guests of J. T. Powell, of Gravette, for a dinner meeting. Drs. Clyde McNeil and J. T. Powell were speakers on the scientific program.

The Pope-Yell County Medical Society was addressed at its March 7th meeting held in Danville by Geo. F. Jackson, Little Rock, on "Common Skin Diseases."

The Lawrence County Medical Society met at Walnut Ridge February 12th with the following scientific program: 'Roentgen-ray Treatment of Carbuncle," J. C. Hughes, Hoxie, and "Treatment of Pneumonia," W. W. Hatcher, Imboden.

CHAS. D. TIBBELS, Secretary.

The Ouachita County Medical Society was addressed on March 6th by Randolph Smith, Sam Phillips and J. S. Levy, of Little Rock, and L. L. Purifoy, El Dorado. A motion picture, "Malaria," was presented.

S. C. Fulmer and M. J. Kilbury, Little Rock, addressed the Monroe County Medical Society March 14th at Brinkley.

The Sixth Councilor District Medical Society and the Tri-County Clinical Society met in joint session at Prescott March 12th. The following scientific program was presented:

Address—F. O. Mahony, El Dorado.

"Errors in Treatment of Fractures of the Long Bones," Guy A. Caldwell, Shreveport.

"Personal Ideas of the Prostatic Question," Wm. Hibbitts, Texarkana.

"Common Skin Diseases," Geo. F. Jackson, Little Rock.

"Care and Feeding of Infants," E. C. Mitchell, Memphis.

"Cancer of the Large Bowel," H. W. Hundling, Little Rock.

"Undulant Fever," S. C. Fulmer, Little Rock.

"Streptoccic Infection and Septicemia," M. J. Kilbury, Little Rock.

"Tuberculosis," J. D. Riley, State Sanatorium.

S. B. Hinkle, Little Rock, also addressed the meeting, and a motion picture film, "Cancer Control," was exhibited.

Benton County Medical Society was addressed at its March 14th meeting by J. A. Foltz, Fort Smith, on "Health Insurance in Medicine."

Washington County Medical Society met at the Veterans Administration Facility, Fayetteville, March 13th, for a presentation of the film, "Insulin," furnished by Eli Lilly and Company. About 400 persons, including nurses, pre-medical students and other persons interested in diabetes, were present in addition to the members of the society. W. A. Jones, Fayetteville, has been elected a member of the society.

FOUNT RICHARDSON, Secretary.

PERSONALS AND NEWS ITEMS

B. E. Hendrix, Gillham, has been elected president of the newly-organized Horatio State Bank.

Dr. and Mrs. J. S. Rinehart, Camden, spent the month of February on vacation in California.

W. A. Purifoy, Chidester, is recovering from a prolonged illness.

N. G. Partee, Stephens, has recovered from an illness which required hospitalization in the Camden hospital.

J. S. Wilson, Monticello, has installed in the Mack Wilson Hospital a 200 Kv., 25 Ma. deep therapy unit.

W. M. Blackshare, Hot Springs National Park, addressed the Lion's Club February 21st on sterilization laws.

The Physicians Business and Credit Rating Bureau of Jonesboro has been organized with the following officers: President, Ralph M. Sloan; Vice-President, H. A. Stroud, Sr., and Board of Governors, P. W. Lutterloh, R. H. Willett, R. M. Jernigan, W. C. Overstreet and J. T. Altman.

F. H. Krock, Fort Smith, addressed the District meeting of the American College of Surgeons held in Kansas City March 13th on "Indications for the Surgical Treatment of Pulmonary Tuberculosis."

"Jaundice as a Symptom," by O. C. Melson, Little Rock, appeared in the March Southern Medical Journal.

MARRIED—Chas. E. Kennedy and Miss Mary Johnson, both of Smackover, on March 29th. The Journal offers congratulations.

David Levine, El Dorado, addressed the Self Culture Club of that city, March 7th, on "Modern Methods of Diagnosis."

Recently appointed by the Governor were: C. S. Holt, Fort Smith, Trustee, Arkansas Tuberculosis Sanatorium; B. D. Luck, Pine Bluff, Member, Board of Nurse Examiners; and P. M. Smith, Magnolia, Trustee, Magnolia A. & M. College.

J. C. Ogden, Fort Smith, took postgraduate work at Washington University in February.

O. J. T. Johnston addressed the Batesville American Legion Post in February.

Dr. Milton John, a graduate of the University of Arkansas Medical School in 1933, is now associated in practice with his father, Dr. M. C. John, at Stuttgart.

The following attended the District Meeting of the American College of Surgeons in Kansas City during March: H. C. Dorsey, Fort Smith; E. F. Ellis, Fayetteville; R. M. Eubanks, Little Rock; L. Gardner, Russellville; S. B. Hinkle, Little Rock; J. S. Jenkins, Pine Bluff; H. Fay H. Jones, Little Rock; F. H. Krock, Fort Smith, Clyde McNeil, Rogers; W. H. Mock, Prairie Grove; H. Moulton, Fort Smith; R. L. Smith, Russellville; W. F. Smith, Little Rock; Joe F. Shuffield, Little Rock, and B. L. Ware, Greenwood.

H. Moulton, Fort Smith, was the guest of the Dallas Southern Clinical Society, conducting the round table luncheon for opthalmologists on March 20th and a clinic on "Cataract" March 21st.

J. A. Foltz, Fort Smith, addressed the Van Buren Lions Club March 13th on "Nobel Prize Awards in Medicine."

J. M. Taylor, Fort Smith, has resumed practice after an illness of several months.

J. D. Riley, State Sanatorium, addressed the Men's Club of the First Presbyterian Church of Fort Smith March 22nd on "Tuberculosis."

In attendance at the 1935 session of the Dallas Southern Clinical Society were: C. E. Benefield, H. Moulton, Fort Smith; I. G. Jones, DeQueen; Joe F. Rushton, Magnolia, and R. C. Shanlever, Jonesboro.

"The Problem of Diagnosis of Diseases in Their Incipiency," by L. H. Lanier, Texarkana, appeared in the March Tri-State Journal.

Pulaski County Medical Society was addressed March 22nd by Louis Hamman, of Baltimore, on "Heart Pain," and Douglas Quick, New York, on "Radiation Therapy in Cancer."

BORN—To Dr. and Mrs. L. S. Dunaway, Jr., of Conway, a son, Louis S. Dunaway, III. Congratulations!

AUXILIARY NEWS

PRESIDENT'S PRE-CONVENTION MESSAGE

This year in order that we might have an educational as well as a social program, two of our national officers have been invited to speak to the Auxiliary meeting—Mrs. Rogers N. Herbert, President, Woman's Auxiliary to the American Medical Association, and Mrs. David S. Long, Chairman, Public Relations Committee of the Woman's Auxiliary to the American Medical Association.

On Monday, April 15th, many important matters will be discussed. County Presidents and Delegates are asked to please be present. A new feature this year will be the county president's luncheon on this day, with Mrs. David S. Long as the speaker. This luncheon is open to all members but county presidents, county presidents-elect and executive board members are especially urged to attend.

There will be many social features as many of you will attest to the charming hospitality of the Sebastian County Medical Society and Auxiliary.

All visiting ladies and wives of physicians in attendance at the state meeting are invited to attend the meetings of the Auxiliary, whether members of the Auxiliary or not.

MRS. WM. HIBBITTS, President.

The Medical Auxiliary, Bowie and Miller Counties, met February 22nd, at the home of J. F. Williams, with Mrs. H. H. Smiley, Mrs. E. M. Watts, Mrs. William Hibbitts and Mrs. H. R. Webster, co-hostesses.

Mrs. Decker Smith, President, presided.

Resolutions upon the death of Mrs. Preston Hunt, a beloved member, were read by Mrs. Harry Murry, followed by a prayer by Mrs. J. T. Robinson. Announcement of a contest to be held in the Junior High (Public and Parochial) schools of the city was made, the subject being "Communicable Diseases."

Mrs. H. P. Phillips of Ashdown led the program, her subject being "Review of the Past Twelve Years' Work in the Auxiliary." Mrs. William Hibbitts then told of her work as State President in Arkansas.

The Woman's Auxiliary to the Pulaski County Medical Society met March 20th at the home of Mrs. K. W. Cosgrove. Co-hostesses were: Mesdames Frank O. Rogers, Geo. F. Jackson, S. P. Junkin and Clyde Rodgers.

The Obstetrical Pack Committee of the Woman's Auxiliary to the Pulaski County Medical Society met March 13th at the home of Mrs. M. E. McCaskill. Mesdames J. B. Crawford, President; B. A. Bennett, C. E. Oates, D. M. Switzer, A. C. Shipp, Harvey Shipp, R. A. Law, S. C. Fulmer and L. F. Barrier were present. Following the work session refreshments were served by the hostess.

The Woman's Auxiliary to the Sebastian County Medical Society met March 18th at the home of Mrs. M. E. Foster. Plans for the state meeting were discussed and the following officers elected: President, Mrs. Pierre Redman; Vice-president, Mrs. J. E. Stevenson; Secretary, Mrs. H. C. Dorsey; and Treasurer, Mrs. B. B. Bruce.

The Woman's Auxiliary to the Arkansas Medical Society has been honored by the invitation extended to its President, Mrs. Wm. Hibbitts, to respond to the address of welcome at the meeting of the Woman's Auxiliary to the American Medical Association in Atlantic City June 10-14.

WOMAN'S AUXILIARY
TO THE
ARKANSAS MEDICAL SOCIETY
ELEVENTH ANNUAL MEETING
APRIL 15, 16, 17, 1935
FORT SMITH, ARKANSAS
HEADQUARTERS: WARD HOTEL

OFFICERS

PRESIDENT—Mrs. William Hibbitts, Texarkana.
PRESIDENT-ELECT—Mrs. Marcus T. Smith, Conway.
FIRST VICE-PRESIDENT—Mrs. Chas. E. Garrett, Hot Springs National Park.
SECOND VICE-PRESIDENT—Mrs. R. C. Dorr, Batesville.
THIRD VICE-PRESIDENT—Mrs. Anderson Watkins, Little Rock.
FOURTH VICE-PRESIDENT—Mrs. J. B. Jameson, Camden.
SECRETARY—Mrs. H. E. Murry, Texarkana.
TREASURER—Mrs. L. J. Kosminsky, Texarkana.
PUBLICITY SECRETARY—Mrs. D. W. Goldstein, Fort Smith.
HISTORIAN—Mrs. C. W. Garrison, Little Rock.
PARLIAMENTARIAN—Mrs. F. M. Williams, Hot Springs National Park.

COUNCILORS

Mrs. B. A. Rhinehart, Little Rock.
Mrs. P. H. Phillips, Ashdown.
Mrs. W. R. Brooksher, Fort Smith.
Mrs. Chas. E. Oates, Little Rock.
Mrs. C. G. Hinkle, Batesville.

ADVISORY BOARD

L. J. Kosminsky, Texarkana.
W. T. Wootton, Hot Springs National Park.
C. S. Holt, Fort Smith.

COMMITTEE CHAIRMEN—1934-35

ORGANIZATION—Mrs. Chas. E. Garrett, Hot Springs National Park.
EDUCATION AND PUBLIC HEALTH—Mrs. J. T. McLain, Gurdon.
ILSE F. OATES LOAN FUND—Mrs. Chas. E. Oates, Little Rock.
HYGEIA—Mrs. B. A. Bennett, Little Rock.
CONSTITUTION AND BY-LAWS—Mrs. S. A. Collom, Texarkana.
PUBLIC RELATIONS—Mrs. Pierre Redman, Fort Smith.
MEMORIAL—Mrs. C. G. Hinkle, Batesville.
FINANCE—Mrs. Curtis Jones, Benton.
EXHIBITS—Mrs. C. A. Archer, DeQueen.
PHYSICAL HEALTH EXAMINATION—Mrs. L. H. Lanier, Texarkana.
JANE TODD CRAWFORD MEMORIAL—Mrs. E. A. Callahan, Carlisle.
ARCHIVES—Mrs. T. G. Porter, Hazen.
PROGRAM—Mrs. D. W. Goldstein, Fort Smith.
CREDENTIALS—Mrs. B. W. Freer, Fort Smith.

LOCAL COMMITTEES

GENERAL CHAIRMAN—Mrs. W. R. Brooksher.
ENTERTAINMENT—Mrs. M. E. Foster.
DECORATIONS—Mrs. A. F. Hoge.
LUNCHEON—Mrs. E. C. Moulton, Mrs. C. S. Holt, Mrs. Pierre Redman.
PROGRAM—Mrs. D. W. Goldstein, Mrs. A. A. Blair.
TEA—Mrs. S. J. Wolfermann, Mrs. J. C. Amis, Mrs. J. A. Foltz.
COURTESY—Mrs. I. F. Jones, Mrs. J. S. Southard, Mrs. A. S. Chapman, Mrs. Fred Krock, Mrs. B. B. Bruce, Mrs. H. W. Savery.
PUBLICITY—Mrs. W. F. Rose.
TRANSPORTATION—Mrs. W. G. Eberle.
REGISTRATION AND CREDENTIALS—Mrs. B. W. Freer, Mrs. C. S. Bungart, Mrs. S. P. Stubbs, Mrs. G. G. Woods.

PROGRAM

MONDAY, APRIL 15
Ward Hotel

8:30 A. M.—REGISTRATION.
10:00 A. M.—EXECUTIVE BOARD MEETING.
12:00 M. —COUNTY PRESIDENT'S LUNCHEON.
ADDRESS—Mrs. David Long, Chairman, Public Relations Committee, Woman's Auxiliary to the American Medical Association, Harrisonville, Missouri—"What Now, Auxiliary Women?"
ROUND TABLE DISCUSSION.
1:30 P. M.—GENERAL SESSION.
CALLING MEETING TO ORDER—Mrs. J. E. Stevenson, President, Woman's Auxiliary to the Sebastian County Medical Society.
INVOCATION—Rabbi Samuel Teitelbaum, Fort Smith.
ADDRESS OF WELCOME—Mrs. E. C Moulton, Fort Smith.
RESPONSE TO ADDRESS OF WELCOME—Mrs. L. T. Evans, Batesville.
INTRODUCTION OF STATE PRESIDENT—Mrs. Wm. Hibbitts, Texarkana.
INTRODUCTION OF HONOR GUESTS.
ANNOUNCEMENTS OF SPECIAL COMMITTEES.
REPORT OF REGISTRATION COMMITTEE.
REPORT OF ENTERTAINMENT COMMITTEE.
REPORT OF COMMITTEE ON CONSTITUTION AND BY-LAWS—Mrs. S. A. Collom, Texarkana.
REPORT OF A. M. A. AUXILIARY MEETING—Mrs. B. A. Rhinehart, Little Rock.
REPORT OF THE S. M. A. AUXILIARY MEETING—Mrs. T. G. Porter, Hazen.
4:00- 6:00 P. M. TEA—Residence of Mrs. S. J. Wolfermann, 1109 Adelaide Avenue.

TUESDAY, APRIL 16

8:30 A. M.—MEMORIAL SERVICE—Goldman Hotel. (Joint Session with Arkansas Medical Society.)

DECEASED MEMBERS

Delia Lock Preston, Hot Springs National Park, September 9, 1934.
Sue Eva Poynor, Harrison, June 13, 1934.
Gladys Simon Kirkpatrick, Texarkana, July 20, 1934.
Hattie Hutton Hunt, Texarkana, January 27, 1935.

GENERAL SESSION

TUESDAY, APRIL 16

Ward Hotel, Gold Room

9:30 A. M.—CALLING MEETING TO ORDER—Mrs. Wm. Hibbitts.
READING OF MINUTES.
REPORTS—
State Officers.
Standing Committees.
ADDRESS—Dr. F. O. Mahony, El Dorado, President, Arkansas Medical Society.
ROLL CALL AND REPORTS OF COUNTY AUXILIARIES.
REPORT OF CREDENTIALS COMMITTEE.
REPORT OF NOMINATING COMMITTEE.
ELECTION OF OFFICERS.
REPORT OF RESOLUTIONS COMMITTEE.

1:00 P. M.—LUNCHEON—Hardscrabble Country Club.
TOASTMISTRESS—Mrs. J. E. Stevenson.
INTRODUCTION OF VISITORS.
INTRODUCTION OF PAST-PRESIDENTS.
INTRODUCTION OF WIVES OF STATE MEDICAL SOCIETY OFFICERS AND STATE OFFICERS.
PRESIDENT'S REPORT.
VIOLIN SOLO—Madeline Marker.
ADDRESS—Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association—"The New Deal and the Auxiliary."
SELECTIONS—Senior High School Boys' Quartette.
UNFINISHED BUSINESS.
INSTALLATION OF NEW OFFICERS.
ADDRESS OF INCOMING PRESIDENT—Mrs. Marcus T. Smith, Conway.

3:30 P. M.—POST-CONVENTION BOARD MEETING—Mrs. Marcus T. Smith, Presiding.

WEDNESDAY, APRIL 17

9:30 A. M.—SCENIC DRIVE TO OZARK MOUNTAINS. Cars will leave Ward Hotel.

HONOR GUESTS

Mrs. Rogers N. Herbert, Nashville, Tennessee, President, Woman's Auxiliary to the American Medical Association.

Mrs. David S. Long, Harrisonville, Missouri, Chairman, Public Relations Committee, Woman's Auxiliary to the American Medical Association.

COUNTY PRESIDENTS—1934-35

Arkansas—Mrs. W. W. Lowe, Gillett.
Clay—Mrs. W. O. Parish, Rector.
Columbia—Mrs. W. P. Cooksey, Magnolia.
Cross—Mrs. Austin F. Barr, Cherry Valley.
Crittenden—Mrs. T. S. Hare, Crawfordsville.
Clark-Hempstead-Nevada—Mrs. J. T. McLain, Gurdon.
Faulkner—Mrs. L. S. Dunaway, Jr., Conway.
Garland—Mrs. W. T. Wootton, Hot Springs National Park.
Independence—Mrs. L. T. Evans, Batesville.
Jefferson—Mrs. J. W. John, Pine Bluff.
Johnson—Mrs. E. H. Hunt, Clarksville.
Lonoke-Prairie—Mrs. T. E. Benton, Lonoke.
Ouachita—Mrs. B. V. Powell, Camden.
Miller—Mrs. Decker Smith, Texarkana.
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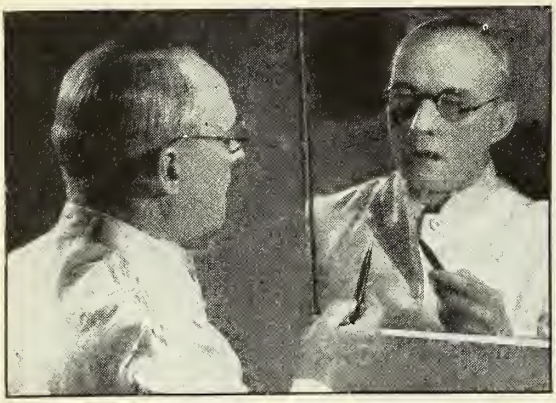
BOOK REVIEWS

Manual of Radiological Technique. By L. R. Sante, M. D., Professor of Radiology, Saint Louis University School of Medicine; Radiologist to Saint Louis City Hospital and Saint Mary's Hospital, Saint Louis. Paper. Pp. 157, with 141 illustrations. Ann Arbor, Michigan: Edwards Bros., Inc., 1934.

This volume distinctly departs from the usual method of publishing by recourse to lithoprinting. Typewritten pages have been lithoprinted in a reduced pica size on a heavy grade of paper while the illustrations are made by the offset lithographic process. Roentgenograms are reproduced in uniform density and in good detail. The general appearance is most pleasing. Space is provided by blank pages for additional special examinations of the roentgenologist. Short chapters on history and physics introduce the work. All essential factors of roentgenography are fully discussed. The book aims for the development of a uniform technic by the technician and the roentgenologist, presenting all standard positions with the resulting roentgenogram and a discussion of the factors on the same page. The roentgenological consideration for each position and part examined is summarized and the advantages of that particular view are stated. Sante has produced an excellent handbook, clear and concise; a definite aid in developing a uniform technic.

Please give yourself this good advice, Doctor



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Laryngoscope, 1935, XLV, 149-154★

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HEALTH EXAMINATION IN RELATION TO CANCER IN WOMEN*

RUTH ELLIS, M. D.
Fayetteville

Since cancer, because of its insidious approach, can frequently be detected by a trained physician before it presents symptoms to its host, I have taken the liberty of digressing from my subject, "What Women Should Know About Cancer," to stress the importance of examinations to prevent its occurrence.

It was with the greatest pleasure that I prepared for your consideration this discussion of Health in Women, for that is what the periodic health examination insures. There is no better way of stressing its importance than by presenting its consequences to the group most vitally concerned.

Several years ago the medical profession faced, and to an admirable extent conquered, the problem of prolonging life. Now a new problem presents itself. We must increase the health span, and thus the work span, just as we have lengthened the life span of man.

"The woman who is sound and healthy steps on life's highway with a song in her heart, looking forward eagerly to life's adventure, curious to see what is around the next corner. To her, life's struggle is stimulating, attractive. The woman out of health fears every turn in the road. There is no song in her breast, but a flutter of apprehension. She avoids, rather than seeks, life's struggles.

"Good health is the foundation not only of business success but of successful living. Its influence on personality is profound, and in urging that one's health assets be examined and improved to the highest degree, we are seeking to accomplish that which will make life more colorful, more satisfying, and in every way more livable for the great mass of people."

* Read before an open meeting of the Woman's Auxiliary to the Sebastian County Medical Society, Fort Smith, February 11, 1935.

It is rather appalling to know that while a man or woman may live to be 58 years of age, the period of physical freedom and full vigor is only from 18 to 31 years; and the period of maximum activity in industry is from 20 to 42 years. Likewise is it disconcerting to realize that the sickness rate from 35 to 45, the years when the work of the world is done, is double that of the years 15 to 34.

The periodic health examination movement is in its youth, but already a mass of experience has accumulated to validate its worth. We all know without statistics that there is a huge economic waste annually from time lost from sickness, and we are vaguely aware that much of this could be prevented. But let us face figures. May I quote from one of our insurance companies their demonstration of possible savings from health supervision and periodic physical examination.

"The expected mortality per 1000 population is 10 lives. The number of substandard or physically impaired per 1000 is 300 lives. Of these 300 substandard lives the expected mortality is 6 lives. With examination, the expected mortality is reduced to 3 lives. This saving of 3 lives results in a saving to the state of $29,000 per 1000 population."

The results of another health survey are interesting. In examination of 4,473 people, 77 per cent were found either actually ill or with reportable defects; 64 per cent of these defects were directly preventable; 22 per cent were partially preventable, while only 14 per cent were not preventable.

The Life Extension Institute examined a typical group of active workers, post-office employees, and found none without physical defects. Five per cent had moderate defects requiring hygienic correction; 26 per cent had moderate defects requiring medical supervision; 57 per cent had advanced physical impairment requiring systematic medical or surgical care; and 12 per cent needed immediate surgical or medical intervention.

Up to 1931 the Metropolitan Life Insurance

Company showed a mortality 18 per cent among those who had availed themselves of the periodic health examination. This improvement was higher in the older age groups, being 53 per cent in the 50 to 60- year group. If it is good business for an insurance company to provide routine examinations for its policy holders, why should it not be good business for us as individuals to obtain well-being and longevity?

In practically every community, there is provision for pre-natal care, post-natal care, and pre-school examination. The school child has health supervision, colleges provide student health services, and industries are forced from the economic standpoint to safeguard the health of employees; but of a group of 9,000 families who had periodic health examinations as surveyed by the United States Public Health Service, less than 4 per cent were adults. One great group of persons escapes almost completely medical examination and care. Within this group fall women between the ages of 35 and 50, the age range wherein one is most apt to find physical impairment and substandard physical states that pre-dispose to acute and chronic disease. This most important group has been overlooked, the homemakers who contribute so much to social welfare and whose individual physical welfare affects so forcibly the psychology of their homes and ultimately the happiness of the social group.

One of this group, who happens to be a nurse, says in her new book, "So we give you the woman over forty! Freed by nature from her duty of child-bearing, her family brought up, she is ready for the most mentally fruitful and socially profitable period of her career, for the luxury of living for herself. One sees such women everywhere, in the professions, in the art, in public life, full of energy, full of accomplishments, Shortly it will be the exceptional woman who deems that she has fulfilled her mission in life when she sees her children settled. It will be the usual thing for women to make a neat division of their lives, the years up to forty for growing, for learning, for marrying, for bearing children; the late years for self-expression, for service, for all kinds of social and helpful activities."

Yes, at forty may begin the years of promise; but also at forty begin an increasing number of organic defects, such as heart disease, arthritis, mouth infections, conditions resulting from injuries of childbirth, and menopausal diseases. Obesity, gall-bladder disease, diabetes, and visceral syphilis also appear at this age. And then comes the specter of modern medicine, cancer, with its insidious approach, its universality of appearance, and its deadly finality. Cancer is commonly found between the ages of 35 and 70, and is more frequent among women than men. This is because it develops in chronically irritated tissues. Although the real cause of malignancy is not known, another pre-disposing factor is herditary tendency. There is no site that is exempt from attack. Malignancy may appear in the uterus, on the cervix, the breast, under the arm, on the finger, in the stomach, in fact, in any tissue in the body. It kills the patient wherever it may grow. It infiltrates and destroys the surrounding parts. It sets up secondary growths or metastases in neighboring lymphatic glands and in distant parts of the body, being spread by the blood-stream or the lymphatics. It tends to recur after incomplete removal. Its growth is relatively rapid.

Perhaps I have painted the picture too dark. Herein lies one of the chief values of the periodic examination. The American Society for the Prevention of Cancer has proved that one-third of cancer cases can be prevented by correcting irritation. Out of 30,000 routine examinations, 553 growths were found. Twenty-two of these were malignant and 11 were operable or curable. Had the examination been earlier, no doubt the curable percentage would have been higher. "A suspicious mind and a good light," when used by a keen medical man, can often detect signs of a growth in the very early stages. At this time steps can be taken to avert further trouble. Radium and X-ray properly used by a competent physician usually inhibit further growth and prevent metastases. I say "properly used, and by a competent physician," advisedly. For improper or inadequate treatment is no better than no treatment. For proper treatment, adequate preparation is essential.

It is a fallacy to assume that we can practice prevention only at the cradle and keep a person perfectly well throughout life. Constant vigilance is necessary to find the first signs of mal-function, to determine how to regain functional balance early, and to prevent the so-called degenerative diseases. We must find and correct those too often simple defects which impair physical well-being.

The periodic health examination serves the double purpose of first, checking the growth of certain diseases which develop unnoticed from their start; and second, preserving by rules of hygiene appropriate to each case those organs

subject to unhealthy tendencies either hereditary or acquired. That, as you see, covers a multitude of evils. And if there are no pathologic processes, isn't the relief of mental strain worth a good deal?

I shall not go into details concerning what should be included in a routine examination. But I think you should know a bare outline. First of all, you should tell your physician the whole story of your daily habits and diet and any symptoms of mal-function or disease. Then you should have all the organs of the body carefully examined. Laboratory work should include a blood count for anemia or other blood dyscrasia, a Wasserman test, and a urinalysis. The X-ray examination if indicated should be made. Blood chemistry tests, a sputum examination, and other examinations should be done as necessary. We cannot, however, stop here. Treatment with correction of defects as indicated is essential to success of the plan.

Since the onset of the depression people are recognizing more fully the value of good health in assuring a good wage earning capacity. Why cannot we recognize the importance of a healthy home maker? Think of the social gains and the benefits in health and in joy of living which would result from health protection of women who are too often careless of their own welfare even though they insist upon health care of their families.

ADVANCES IN OVARIAN THERAPY.

A gynecologist, whose name is known from coast to coast, recently commented in the Journal of the American Medical Association (Feb. 23rd) about the cost of ovarian therapy: "It is greatly regretted, he wrote, "that the American products have not been available at prices that justify their preference or at least their being on a parity with the imported material."

Physicians, who have read this statement, will be interested in the announcement from the Squibb Laboratories that the potency of Amniotin—a physiologically tested preparation of the ovarian follicular hormone, has been increased three-fold and the cost per unit has been reduced to about one-tenth of its former price. For hypodermic administration, Amniotin in Oil is now distributed in 1 cc. size ampuls containing 8,000 and 2,000 International Units per cc.

Amniotin Capsules and Pessaries (vaginal supposito ries) now contain 1,000 and 2,000 International Units, respectively. The price of these packages is now so low as to compare favorably with the cost of insulin.

These new high-potency preparations should make ovarian hormone (estrin) therapy eminently more satisfactory. Amniotin is indicated in the treatment of menopausal symptoms; involutional melancholia; gonorrheal vaginitis in children; senile vaginitis; breast hyperplasia (lobular type associated with bleeding); selected cases of frigidity, and migrain of pituitary origin.

LATE SYPHILIS*

S. F. HOGE, M. D.
Little Rock

It is somewhat of a challenge when we consider that we have studied, recognized and treated spyhilis for nearly five centuries, but that we have neither stopped its spread nor rid our hospitals for nervous diseases of these unfortunate patients. Syphilis, because of its great prevalence, marked vicissitudes, inherent ability to attack and destroy any and every type of body tissue, belongs to the major medical problems. So much is already known relative to the familiar clinical entity, syphilis or lues, that one almost hesitates to present the subject, lest it prove to be a rehash of the data already presented in so masterly a manner, adding little or nothing to our present store of knowledge.

It is firmly established that the treponema pallida, isolated and identified by Schaudinn (1), in 1905, is the essential causative factor of every evident manifestation of the disease. The histopathological changes are familiar to the alert pathologist and, except in very few instances, will support a positive statement relative to its presence or absence. When Ehrlich announced the spirocheticidal action of certain arsenical combinations in 1910, it was hoped and believed that this type of ammunition would bombard the spiral organism out of its every stronghold. Would a frank audit of our present data, with a cold scientific analysis of the results, tend toward optimism or incline our thoughts along lines of further research which bid fair to be far more fruitful than those already conquered?

If we are to accept the references made in the Chinese medical literature during the Ming dynasty, they were treating syphilis more than five and one-half centuries ago, and they were familiar with gonorrhea about 3000 B. C. The study of bone lesions of the Astec Indians of Central and South American countries suggest a very ancient prevalence of this disease. The European countries were scourged by this plague in the latter part of the fifteenth and early part of the sixteenth centuries. It ranks second only to "Black Death," which swept away one-fourth the population of the earth at that time (over sixty million human beings) and has been known as the "King of Terrors." The syphilitic plague appeared about the time of the siege of Naples

* Read before the Fifty-ninth Annual Session of the Arkansas Medical Society, held in Little Rock, April 16-18, 1934.

in 1495. Whether or not Columbus sailed without it and returned a victim of the torch of the shrine of Venus, remains a quandry. We know that shortly after his return epidemic syphilis swept the country, visiting peasant, soldier, ruling class and all, alike. From that time on to the present, nothing has checked its riotous devastation. Being a social veneral disease, its legal restraint by law or order becomes next to impossible.

At present, syphilis is, in some respects, less obviously malignant than formerly; the terrible bone lesions are now rarely seen except in museums. It might be inferred that this is due to treatment but improvement began long before the introduction of salvarsan, bismuth or silver. The question of greater racial resistance looms strong on the horizon of improvement. The newer methods of treatment have greatly shortened the duration of the infective period (an accomplishment to be proud of which may in time pave the way to the elimination of this scourge), but their influence on the late nervous and vascular lesions, tabes, general paralysis, aneurysm, cardiac disease, cannot be finally estimated at this time. Some statistics (2), suggest that unless they produce complete sterilization rapidly the arseno-benzol preparations may damage the immunity mechanism. This is strongly suggested by the increased frequency of aortitis, aneurism and myocarditis (3), tabes and general paralysis.

To enhance our knowledge of the clinical manifestations, and to emphasize the optimum time for prevention and therapeusis, we have the three, and possibly four, stages of the disease; the primary, or stage of the chancre, the secondary, or stage of eruption, and the tertiary, or stage of the gumma. The fourth phase is manifested in such clinical entities as tabes dorsalis and general paralysis. It is with this phase that this paper is particularly interested, and we wish to present our data, hoping to prove a vis a tergo to our interest in prevention and intensification of treatment during the infective stage.

Peterson (4) states that a graphic plot of the incidence of syphilis shows 35 per cent of the population of the southern states to be involved, and that as we proceed north the incidence falls to about 10 per cent, while the incidence of tabes and paresis is just the reverse. Cole, Moore, O'Leary et al, (5), following a most careful and thorough study of late or latent syphilis, developed some very interesting data that should again emphasize the importance of prevention and early intensive treatment. "The probable outcome of untreated latent syphilis, assuming that the disease has existed at least four years, so that the patient's own defense mechanism has had sufficient time to become firmly established, a searching physical examination having revealed no lesions, especially of the cardio-vascular or central nervous system, and that the cerebro-spinal fluid is negative; one is probably justified in predicting that a given patient, if he receives no treatment at all, has about two chances in ten of developing any serious trouble, at worst no more than three chances in ten. If lesions do occur, there is probably no more than an even chance that they will be incapacitating. Cardio-vascular involvement is the great risk which must be feared. Dealing with the prognostic value of a negative spinal fluid in late syphilis, the danger of development of neuro-syphilis (probably excepting only a more or less purely vascular involvement) is largely passed by the time true latency is achieved. Furthermore, if no evidence of cardio-vascular involvement can be found on the basis of symptoms, physical signs or X-ray at the original examination of the patient with late syphilis, one may hazard the additional prognostic guess that even if clinical evidence of this type of involvement does ultimately appear, it will probably only occur after ten or more years."

In addition to all that has been studied and tried, and cognizant that the topographic map of tabetic and paretic prevalence of the United States parallels the storm tracks, our southern hospitals for nervous diseases carry about 14 to 15 per cent of patients who are suffering from a disease contracted not "in line of duty." The data presented is a study of 42 cases as compiled by O'Neil and Wright (6), and 60 cases of our own observation carried out along parallel lines, making in all 102 cases of general paralysis. Only the final summaries will be given as a detailed report would be cumbersome and of interest to but a small majority. The average age of the patients in this series is 40 years. The average time elapsing from the history of chancre to admission to the hospital is 156.5 months. The average time from onset of mental symptoms to hospitalization is 60.7 months. The average time from appearance of chancre to onset of mental disease is 78.5 months. The death rate is approximately 16 per cent, based on the records of a six-year period. The percent of patients discharged from the hospital during the same period and classed as improved is 27 per cent,

having 57 per cent still on our hospital service, of which about 80 per cent are on closed wards. At first glance, not a very encouraging result, but when we compare the present percentages with those of several years passed and consider the difference in the physical status of our patients, we may rightfully assume a more optomistic attitude in the handling of what were considered hopeless cases. The number of months spent in the hospital by the group of 60 patients during the six years is 3,363. The financial burden at the rate of $4.74 per hospital day at once becomes evident.

The treatment given covers the usual familiar drugs continued over long periods of time and in full dosage. The 60 patients received 6,420 doses of tryparsamide while in the hospital. The largest number administered to a single patient was 268 doses. 346 grams of salvarsan was used, one patient receiving 71.1 grams. Neosalvarsan was more freely given, 887 grams being used, 76.5 grams being given to one patient. Only a limited amount of sulpharsphenamin was used. Salicylate of mercury ranks next to tryparsamide in the number of doses, 2,343 doses of 1-6 grain each being administered. The largest amount given to one patient was 108 doses, or 18 grains of salicylate of mercury. The usual mixed treatment of mercury and iodides by mouth, was not freely used as the results did not seem to warrant.

Malarial treatment was used on 44 patients in our series of 60, and on all in the series reported by Wright and O'Neil. The highest temperature reached by any of our patients was 107 degrees. The longest series of chills was 17 in our series and 21 in Wright and O'Neil's. The longest continuous temperature was 58 hours. The largest number of repeated inoculations was 4. The results of our studies are recorded as follows: No remarks 7, no improvement 18, about the same 10, aggravated 2, and improved 7.

TABLE I

Average age of patients observed	40	Yrs.
Average time spent in hospital	56	Mos.
Average time from stage of chancre to hospitalization	156.5	Mos.
Average time from stage of chancre to mental symptoms	78.5	Mos.
Average time from appearance of mental symptoms to hospitalization	60.7	Mos.
Death rate, approximately	16	%
Patients discharged as improved	27	%
Patients remaining in hospital	57	%
Patients remaining on closed wards	80	%

TABLE II

Total amount of tryparsamide used	6,420	grams
Largest quantity to one patient	450	grams
Total amount of salvarsan	346	grams
Largest quantity to one patient	71.1	grams
Total amount of neosalvarsan	887	grams
Largest quantity to one patient	76.5	grams
Total amount of mercury salicylate	390.5	grains
Largest quantity to one patient	18	grains

TABLE III

Number of patients receiving malarial therapy	44	
Highest temperature	107	degrees
Longest series of chills	17	
Longest continuous temperature	58	hours
Longest number of repeated inoculations	4	
Results: No remarks	7	
No improvement	18	
About same	10	
Aggravated	2	
Improved	7	

The serologic studies show general improvement. The Wasserman showed a definite tendency to gravitate to a negative reading. The gold curve changed from the typical paretic picture through the tabetic, to one not diagnostic of either condition and essentially negative. The cell count and globulin parallel the findings of the Wasserman and gold curve. The serologic studies indicate that these patients should be well along on the way to complete eradication of the disease, but the clinical picture leaves much to be desired.

In summing up the results of this series of 102 paretics, optomism runs at low ebb. From the therapeutic and serologic standpoint definite improvement is evident, but from the clinical status much is yet desired. From the progress of our medical therapy much has been attempted; something has been accomplished, but the goal of successful treatment is still a long way off. The prevention of these states offers an excellent opportunity for improvement of our results. This again shows how vitally important it is to prevent the dissemination of the disease and to vigorously press the early treatment, lessening the incidence of the late and more or less hopeless phases of syphilis.

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DISCUSSION

T. M. Fly, Little Rock: I don't think there is any excuse to give any sick or well person or any other kind of person, 178 shots of anything. Another thing, we don't remember what we see or hear outside of our medical books.

I remember many years ago reading where Benvenuto Cellini described his own case as French disease. He went to the doctors, and they put him on mercury and other metals. And he grew progressively worse and he quit, and then he began to take the wood, as they called it, meaning guaiac. He used it with benefit for two or three months, and thought he was well, and after stopping its use the disease developed again; and he went back to the doctors and they put him on the metals again, and he grew worse and worse, so much worse that he couldn't get out of bed. So he went to the doctors no more but took to the wood again, using it for a period of some two or three months, and never took any further treatment. He was evidently completely cured for he lived to be a man of 70 or more years, apparently well, and what a stormy life he lived! He was a man far above the average in intelligence, and his statements are worth believing. So, I have had occasion to try that drug on several cases where the metals failed to cause improvement, and those cases were always benefited.

This may be worth something to you who treat syphilis. I think it is well worth trying.

SODIUM THIOCYANATE AS A PROPHYLAXIS AND IN THE TREATMENT OF BACILLARY DYSENTERY WITH SPECIAL EMPHASIS UPON THE SHIGA TYPE*

L. D. MASSEY, M. D.
Osceola

During May, 1933, there developed in the Osceola territory an acute epidemic of the commonly-termed "bowel complaint." Patients had intense pain, numerous stools with mucous and blood, marked dehydration, acute starvation, with death occurring in from 3 to 7 days after onset.

Shiga bacilli were isolated from the colonic contents after autopsy on a child, whose death was the second in that family. With this information and additional data supplied by Dr. E. C. Mitchell of the experimental work of Ivy of Northwestern University on Shiga bacillus dyssentery by sodium thiocyanate, the decision was made to treat all future cases in this manner. Routine treatment with fluids, diet, preservation of the patient's strength, the use of opium, and blood transfusions were continued.

In a series of 15 cases, 9 of whom were given sodium thiocyanate immediately, it was noted that the stools diminished in from 24 to 72 hours, that toxicity disappeared, that cultures from the stools became negative, and that the patients recovered. Five patients in this series, who were not treated with sodium thiocyanate due to inability to obtain the drug, died. One case receiving sodium thiocyanate died. During 1933, 39 cases were given sodium thiocyanate. The drug was given by mouth to all families where positive cultures were found as a prophylactic measure. Extra sanitary and food-handling precautions were carried out, and no further cases occurred in these families. No toxicity was observed to the drug.

The following routine was adopted:

Sodium thiocyanate given in 20 mgm. per kilogram of body weight intravenously when the case was first seen. The daily dose did not exceed one gram. If no improvement occurred, the intravenous injections were continued for three successive days, never longer. In addition, recognized treatment as maintenance of fluid balance, blood transfusions, opium, proper diet, were carried out. No other treatment was employed.

Summary:

Seventy-three cases of bacillary dysentery (Shiga) are reported who were given 20 mgm. per kilogram of body weight doses of sodium thiocyanate. Some were given one dose; others, as many as three successive doses, depending upon the clinical manifestations following the first dose. In addition, as a prophylactic measure, all persons in direct contact with the case were given 1-3 grain of the drug, in broken doses, for each kilogram of body weight daily for three successive days. In several cases where there was a history of contact and the individual presented slight symptoms, the drug was used intravenously in the same dosage as recommended for treatment.

The mortality for all patients who were given the drug was 13.7 per cent.

* Abstract of a paper read before the First Councilor District Medical Society at Jonesboro, October 24, 1934.

Publisher's Statement of Circulation

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The Journal of the Arkansas Medical Society,
By W. R. Brooksher, Editor.

Subscribed to and sworn before me on this 23rd day of March, 1935. Neil Sims, Notary Public. My commission expires Feb. 20, 1938.

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EDITORIAL

THE FORT SMITH MEETING

Total registration for the Sixtieth Annual Session held in Fort Smith April 15-17th was 356, of whom 317 were Arkansas physicians, a remarkable registration for a convention city not more centrally located. The Sebastian County Medical Society fulfilled its every promise for a meeting of profit and enjoyment to all who visited the border city. As was to be expected, the social features of the meeting were most pleasing. The second evening's entertainment surpassed even that of 1930 when this same host society introduced the buffet supper, dance and entertainment evening feature as a social event of the state meeting. Introduced as another innovation by the host society this year was the mass open house party for all visitors. This contributed greatly in the friendliness of the session, permitting the renewal of old acquaintanceships and the formation of new ones most leisurely in the homes of Fort Smith physicians.

The scientific program was distinguished by the excellence of its presentations and drew an attendance each day in excess of the average. Outstanding were the papers of the distinguished guests who were: Walter L. Bierring, President of the American Medical Association, making the first official visit of a national president to an Arkansas meeting; Sam E. Thompson, President, Texas State Medical Association; Eugene Rosamond, Memphis; Lucian Landry, New Orleans; Paul A. O'Leary, Rochester; Ralph Bowen, Oklahoma City; G. V. Brindley, Temple, Texas; and Ralph A. Reis, Chicago. Members of the Arkansas Medical Society presented an unusually well-grouped arrangement of able and thoughtful papers which provoked free discussion.

The House of Delegates unanimously voted for a return to the constitutional assessment of five dollars yearly from members thus relieving the officers and councilors of apprehension as to proper and efficient operation of the Society due to the greatly curtailed income of the past three years.

The formation of a special section in the Society for Opthalmology and Otolaryngology was approved and this section was organized with the following officers: H. Moulton, Fort Smith, Chairman, and L. M. Henry, Fort Smith, Secretary. A resolution approving the action of the special session of the House of Delegates of the American Medical Association held in February, 1935, and calling on Arkansas representatives in the national Congress to oppose by every practical means all measures which may be proposed for the control of the practice of medicine which are inimical to the best interests of medicine and of the people, was unanimously adopted.

Officers elected for 1935-36 were: President-elect, George B. Fletcher, Hot Springs National Park; 1st Vice-president, D. W. Goldstein, Fort Smith; 2nd Vice-president, J. B. Jameson, Camden; 3rd Vice-president, H. W. Hundling, Little Rock; Treasurer, R. J. Calcote, Little Rock; Secretary, W. R. Brooksher; Delegate to the American Medical Association, W. R. Brooksher, Fort Smith; Alternate, F. O. Mahony, El Dorado. The Council with new and hold-over members is now composed of the following: 1st District, H. A. Stroud, Jonesboro; 2nd District, M. C. Hawkins, Jr., Searcy; 3rd District, F. A. Corn, Jr., Lonoke; 4th District, C. W. Dixon, Gould; 5th District, L. L. Purifoy, El Dorado; 6th District, Don Smith, Hope; 7th District, J. M. Proctor, Hot Springs National Park; 8th District, S. B. Hinkle, Little Rock; 9th District, D. L. Owens, Harrison; and 10th District, S. J. Wolfermann, Fort Smith. At the organization meeting of the new Council S. J. Wolfermann and D. L. Owens were re-elected President and Secretary, respectively, of that body, and W. R. Brooksher was re-elected Editor.

PROCEEDINGS OF SOCIETIES

The Third Councilor District Medical Society met at DeVall's Bluff April 5th for the following scientific program:

"Diagnosis and treatment of gonorrhea and its complications"—Russell Hennessey, Memphis.

"Points and treatment of fractures of interest to the general practitioner"—F. W. Carruthers, Little Rock.

"The cancer problem"—Dewell Gann, Jr., Little Rock.

"Signs and symptoms of the acute surgical abdomen, usually first seen by the general practitioner"—E. M. Holder, Memphis.

'Considering the possibilities in diagnosis"—O. C. Melson, Little Rock.

Following the scientific session a fish dinner was served to the seventy-five physicians in attendance. The Society will next meet at Wynne.

The Sebastian County Medical Society was addressed April 9th by G. W. Reagan, Little Rock, on "Bladder Neck Obstructions."

The Fifth Councilor District Medical Society met at Magnolia in dinner session on April 9th. The following program was presented:

"The Fracture Problem"—F. W. Carruthers, Little Rock.

"Skin Cancer"—G. F. Jackson, Little Rock.

"Corneal Ulcer,"—R. J. Calcote, Little Rock.

The Fourth Councilor District Medical Society met jointly with the Jefferson County Medical Society in dinner session at Pine Bluff during April and elected the following officers: President, G. C. DeBolt, Monticello; Vice-president, M. C. Crandall, Wilmot; and Secretary, H. T. Smith, McGehee. Dr. Ray M. Balyeat, Oklahoma City, addressed the session on "Asthma."

The annual banquet session of Garland County Medical Society was held April 9th at Hot Springs National Park. Speakers were: F. O. Mahony, El Dorado, "The Doctor's Problems"; Joe Shuffield, Little Rock, "Medical Economics"; and T. N. Black, Hot Springs National Park, "The Veterans Racket".

The Second Councilor District Medical Society met jointly with the Woman's Auxiliary in banquet session at Batesville April 8th. The following scientific program was presented: "Diagnosis of Heart Failure," S. C. Fulmer, Little Rock; "Prophylaxis of Pyelitis of Pregnancy," E. H. White, Little Rock; and "Occlusive Arterial Disease of the Extremities," F. H. Krock, Fort Smith.

OBITUARY

WILLIAM NOAH ELKINS, aged 51 years, died at his home in Junction City, March 17th of cardio-renal disease. He was a graduate of the University of Tennessee College of Medicine in 1908 and had resided in Junction City for the past 22 years. He was a member of the Union County Medical Society, the Arkansas Medical Association and held membership in the Masonic and Woodmen of the World lodges. He is survived by his wife, three sons and one daughter.

IMMUNIZE NOW—STAMP OUT DIPHTHERIA.

May Day—Child Health Day—has become an established institution throughout the United States. In 1928 the United States Congress passed a joint resolution designating May first as Child Health Day, and authorizing the President to issue a proclamation requesting national observance of the day. Child Health Day celebrations are intended only to mark and emphasize either the inauguration or the culmination of year-round work for improvement of the health of children. . The project for 1935 is diphtheria immunization. This was chosen because there has been but little reduction since 1930 in the number of deaths from diphtheria throughout the country.

The measures proposed are:

To immunize all children between the ages of six months and six years,

To make early immunization a routine practice by all physicians.

The majority of pediatricians do immunize the babies under their care during the first year of life. Physicians in general practice also should follow this procedure.

State Departments of Health and the unofficial organizations interested in children are calling the attention of parents and communities to the need for early diphtheria immunization. Each individual physician should be prepared to take care of the applications for immunization. Co-operative plans for this work should be made by the local medical societies and departments of health in all communities. When a local medical society has perfected plans for this phase of preventive medicine, there is no reason why it would not be possible to assume gradually other types until eventually preventive medicine forms an important part of the practice of all physicians.

PERSONALS AND NEWS ITEMS

R. T. Henry has been re-elected school director at Springdale.

J. M. Wallace has moved from Fayetteville to Marshall.

Drs. R. H. Willett, H. H. McAdams and E. R. Barrett, of Jonesboro, have moved into their new offices.

Wm. Johnson has been elected president of the Hardy Chamber of Commerce.

H. H. Smiley, Texarkana, has been appointed a member of the state welfare board.

"Eats, Ether and Ethics" was the subject of a talk by Val Parmley before the Little Rock Rotary Club March 28th.

L. R. Brown, Little Rock, addressed the public welfare forum of the Little Rock Foundation of Women's Clubs March 28th on proposed sterilization of habitual criminals.

"Undulant Fever" by S. C. Fulmer, Little Rock, appeared in the April issue of The Southern Medical Journal.

J. D. Mooney has been elected mayor of Coal Hill.

Irving J. Spitzberg has been elected faculty advisor of the Square and Compass fraternity of the University of Arkansas School of Medicine.

Frank Vinsonhaler addressed the Army Day banquet of the Little Rock Chapter of the Military Order of the World War on April 6th.

J. A. Moore has been elected a member of the El Dorado Civil Service Commission.

O. C. Wenger, Hot Springs National Park, addressed an open meeting of the Saint Louis Medical Society April 9th on "Venereal Disease as a Public Health Problem."

Fount Richardson, Fayetteville, addressed the Benton County Medical Society April 11th on the district health unit to be composed of Benton, Crawford and Washington counties.

L. L. Hubener, Little Rock, has been appointed resident physician for the ERA colony at Dyess.

A hospital and office building is under construction at Harrison, to be occupied on completion by Drs. D. L. Owens, J. G. Gladden and W. H. Poynor.

Drs. N. D. Buie and Thomas Glass of the Buie Clinic of Marlin, Texas, were guests of the Academy of Medicine of Hot Springs National Park April 2nd for luncheon. The subject of discussion was "Hypertension."

W. G. Hodges, Malvern, has been appointed a member of the Hot Spring County Welfare Board.

Recent appointments as city health officers are: J. Y. Powell, at Gravette, and J. P. Baker, at West Helena.

A. C. Kolb, Hope, has been elected superintendent of the State Hospital for Nervous Diseases.

AMERICAN MEDICAL GOLFERS PLAY IN ATLANTIC CITY, MONDAY, JUNE 10TH

The American Medical Golfing Association will hold its twenty-first annnal tournament at the Northfield Country Club in Atlantic City on Monday, June 10, 1935.

Thirty-six holes of golf will be played in competition for the seventy trophies and prizes in the nine events. Trophies will be awarded for the Association Championship, thirty-six holes gross, the Will Walter Trophy; the Association Handicap Championship, thirty-six holes net, the Detroit Trophy; the Championship Flight, First Gross, thirty-six holes, the St. Louis Trophy; the Championship Flight, First Net, thirty-six holes, the President's Trophy; the eighteen hole championship, the Golden State trophy; the eighteen hole handicap championship, the Ben Thomas trophy; the maturity event, limited to fellows over 60 years of age, the Minneapolis trophy; the old-guard championship, limited to competition of past presidents, the Wendell Phillips trophy, and the kickers handicap, the Wisconsin trophy. Other events and prizes will be announced at the first tee.

AUXILIARY NEWS

PRESIDENT'S ADDRESS

To those who are here for the first time and to those who have given years of service to this organization, I wish to express my sincere thanks and appreciation for the honor you have conferred on me.

I shall, to the best of my ability, endeavor to give to you the service such an organization deserves. I shall also depend much upon you for advice and co-operation in all things.

As a chain is no stronger than its weakest link, I urge each of you to feel that it is your personal responsibility to always present a solid front to any and all obstacles conflicting with the aims and aspirations of our society. I am sorely tempted to say that health is the most important thing in the world. One of our chief objectives, that of Health Education, is a grave responsibility and each of us should feel it a privilege to carry her share.

Under the leadership of our several past presidents, the society has set a standard of effort and accomplishment that it must be our aim to equal during the coming year. Even though we may not be able to surpass it, I look forward with eagerness and confidence to the privilege of working with the members to maintain the ideals and carry out the policies of the society.

A society of this sort has two aspects, both of which are of great importance. First, there is the social side of our work. Many woman's auxiliaries devote themselves exclusively to the social objectives and seem to exist principally to bring the members closer together in a friendly association. This should not be underestimated because it is a natural and necessary part of the activity of any organization of human beings, for "man is a social animal" and all of his aims and activities run better and more smoothly when they are carried on in an atmosphere of good fellowship and understanding.

We do not, however, believe that social meetings should be the only aim and end of an organization such as this. There is so much of a serious and constructive nature that needs to be done in connection with the broader work of the medical profession in the United States. The woman's auxiliaries are placed in a unique position to help the profession in this work. First of all, we can, by our attitude and encouragement, help to keep the ethical standards of the profession on the high plane that it has long occupied in our country, and to enhance the prestige and confidence that it enjoys. To do this it is important to take a stand against quackery and the commercializing of the healing art that constantly springs up and threatens the integrity of the whole profession.

By quacks and quackery we do not mean merely the charlatan and the doctor who violates the ethics of his profession, but also the indirect and insidious methods used to foist worthless and even harmful patent cure-alls and wonder-working remedies on the part of the public which is, through ignorance, susceptible to the deceptive claims made for these preparations. At this time a great effort is being made to strengthen and broaden the pure food and drug laws of this country, and while this is a much needed reform, the greatest need of all is to educate the people so they will be able to discriminate between legitimate, scientific treatment and what is, after all, simply a modern form of witch-doctoring.

One of the greatest advances in the work of protecting the national health and well-being has been the movement to have children's clinics and examination and treatment of pre-school and school children. This is a movement in which the women's auxiliaries can play a most valuable part and be of the greatest service to the community as well as the profession in which they are most interested. The conducting of health surveys, establishment of clinics and education of the careless or ignorant part of the population saves far more in human life and money to the community and the state than the outlay necessary for its accomplishment.

The medical profession is the greatest of all modern professions in a material and human sense, and even the Christian ministry, which is dedicated to the soul rather than the body, is making more and more use of the healing art of the physician.

Our organization, from its very name, is intended to be an aid to this great profession and we can not do too much to spread the benefits and blessings of its work.

(Mrs. Marcus T.) JUSTINA SMITH.

A representative audience of Texarkana druggists' wives as guests and members of the Bowie and Miller Counties Medical Auxiliaries had the privilege of hearing Mrs. P. R. Gilmer, of Shreveport, Friday, March 22nd, when she reviewed "Men of Good Will," by Jules Romains.

Mrs. Gilmer was brought to Texarkana by the Medical Auxiliary for a book tea that took place at the McCartney Hotel. Hostesses for the afternoon were Mrs. T. E. Fuller, Mrs. Chas. Adna Smith, Mrs. Allen Collom, and Mrs. H. E. Murry.

Mrs. B. A. Rhinehart was elected president of the Woman's Auxiliary to the Pulaski County Medical Society, at a meeting held April 10th at the home of Mrs. W. A. Snodgrass. Other officers elected were Mrs. R. C. Kory, president-elect; Mrs. J. B. Crawford, first vice president; Mrs. Bryce Cummins, second vice president; Mrs. Snodgrass, secretary; Mrs. M. B. Holmes, publicity secretary; Mrs. Joe F. Shuffield, treasurer; Mrs. Anderson Watkins, historian, and Mrs. R. A. Law, parliamentarian. The following delegates were elected to represent the Auxiliary at the annual meeting in Fort Smith: Mrs. Kory, Mrs. R. E. Pryor, Mrs. E. H. White, Mrs. S. C. Fulmer, Mrs. Snodgrass and Mrs. A. C. Shipp. Alternates were Mrs. Bryce Cummins, Mrs. C. C. Reed, Mrs. W. N. Freemyer, Mrs. M. E. McCaskill, Mrs. W. L. Sadler and Mrs. Alvin W. Strauss. Board members to attend the Medical Auxiliary convention will be Mrs. Rhinehart, Mrs. Crawford, Mrs. Watkins, Mrs. Byron A. Bennett, and Mrs. Charles E. Oates.

Installation of new officers brought to a close the business sessions of the eleventh annual convention of the Woman's Auxiliary to the Arkansas Medical Society, April 15-16-17.

New officers elected were:

President—Mrs. Marcus T. Smith, Conway.
President-Elect—Mrs. J. T. McLain, Gurdon.
First Vice-President—Mrs. Pierre Redman, Fort Smith.
Second Vice-President—Mrs. Curtis W. Jones, Benton.
Third Vice-President—Mrs. H. W. Murry, Texarkana.
Fourth Vice-President—Mrs. A. L. Carter, Berryville.
Treasurer—Mrs. B. A. Bennett, Little Rock.
Publicity Secretary—Mrs. D. W. Goldstein, Fort Smith.
Historian—Mrs. C. W. Garrison, Little Rock.
Parliamentarian—Mrs. S. A. Collom, Sr., Texarkana.
Councilors—Mrs. Wm. Hibbitts, Texarkana; Mrs. B. A. Rhinehart, Little Rock; Mrs. P. H. Phillips, Ashdown; Mrs. Wm. R. Brooksher, Jr., Fort Smith; Mrs. Chas. E. Oates, Little Rock.

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Abbreviations: Original Article (O); Editorial (E); Abstract (A); Obituary (Ob); Resolutions (R); Special Article (Sp); Book Review (BR); Report of Meeting (RM); Poem (P).

BOOK REVIEWS

The Nervous Patient. By Charles Phillips Emerson, M. D., Research Professor of Medicine, Indiana University, Indianapolis. Pp. 452. Price $4.00. Philadelphia: J. B. Lippincott Company, 1935.

In reviewing "The Nervous Patient" I am impressed first by its readability as contrasted with most books on nervous and neurologic subjects. In Doctor Emersons early classification of nervous patients, one is made to see the "Personality Pattern" of his cases, and divide them in loose groups of introverts and extroverts. This is invaluable in appreciating the nervous side of the medical case, both during and following his illness.

The book "The Nervous Patient" briefly and yet accurately outlines the symptoms and treatment of many medical diseases. The psychologic and neurotic element of the sick patient is interestingly dealt with, explaining many of the idiopathies of such diseases as allergies, and cardiovascular neuroses. More and more the physician is having to deal with diseases of the circulatory system, and digestive tract, which through lack of more information, are alluded to as functional and nervous complexes, for example "The Irritable Colon," 'Anginas," and "Migranious Headaches." Such terms as "Psychoneurotic Asthma," "Epileptic Personality," "War Hysteria," and "Emotionalism,' are made clear and interesting, with plans of management and treatment outlined.

In no field of medicine is the average physician more helpless, nor his patient more hopeless than in his care and treatment of the neurotic patient. The physician seldom objects to losing a hysterical patient by his changing doctors, which he usually does many times.

Aside from the clear, detailed, yet brief presentation of this immense subject, my chief commendation of "The Nervous Patient" is its novel like readability.

Physical Diagnosis. By Warren P. Elmer, B. S., M. D., Associate Professor of Clinical Medicine, Washington University School of Medicine, Saint Louis, etc., and W. D. Rose, M. D., late Associate Professor of Medicine, University of Arkansas School of Medicine, Little Rock. 7th Edition. Pp. 82. 342 illustrations. Price $8.00. Saint Louis: C. V. Mosby and Company, 1935.

This is an unsurpassed textbook, made more comprehensive by the numerous illustrations. The word descriptions are most concise and readable, giving the practitioner an opportunity to quickly review any phase of physical diagnosis. Its general acceptance as a worthwhile volume is indicated by the fact that it has proceeded to the seventh edition.

One Hundred and Fifty Years of Publishing: 1785-1935. Philadelphia: Lea and Febiger, 1935.

This is a revision of a similar volume published in 1885, entitled "One Hundred Years of Publishing." The story is of the development and of the accomplishments of Lea and Febiger. The publishers' conception of the responsibilities inherent to their business is modestly stated. The book is an interesting document on the growth of medical publication in this country.

Useful Drugs. A List of Drugs Selected to Supply the Demand for a Less Extensive Materia Medica with a Brief Discussion of Their Actions, Use and Dosage. Edited by Robert A. Hatcher, Ph. M., Sc. D., M. D., and Cary Eggeston, M. D. Prepared under the Direction and Supervision of the Council on Pharmacy and Chemistry of the American Medical Association. Ninth Edition. Price, 60 cents. Pp. 203. Chicago: American Medical Association, 1934.

This book is a recognized work in its field and has been adopted as a textbook in a number of medical schools. Obsolete drugs have been deleted and others, the value of which has been established, have been added from time to time. The statements of actions, uses and dosage of the various drugs are revised after discussion by the whole Council. They represent the latest and best results of therapeutics and pharmacologic revision The Council constantly aims that this book shall present a comprehensive compedium of the more useful preparations in the medical armamentarium. As it stands, the book is an authoritative, intelligent, critical and entirely adequate reference volume for the use of the busy practitioner.

Medical Clinics of North America. (Issued serially, one number every other month.) Volume 18, Number 3. New York number. November, 1934. Octavo of 301 pages with 16 illustrations. Per Clinic Year, Paper $12; cloth 16. Philadelphia and London: W. B. Saunders Co., 1934.

This issue begins a New Deal in medical clinics. It has been completely revolutionized and the change is very beneficial to the general practitioner. In this issue we find a symposium on adenopathies which is a post-graduate course in that branch of medicine. Not only does it go into minute details of the pathology but carries it to the general interpretation of its clinical manifestations.

We find the everyday "run of practice" problems featured as, "The Failing Heart," "Menstrual Disorders," "Pneumonia in Infants and Children," and other subjects that are met with daily in the general practice of medicine. They are also written in a very understandable and useful technique. We find not only the theoretical side of the subjects but many practical points for everday use.

This issue is the first of the new medical clinics and the issues to follow are certain to bring more light in other daily problems, especially certain definite clinical manifestations. In this manner they wish to bring to the reader as much clinical "meat" as they would get from attending a post-graduate clinic.

Maternal Mortality in Philadelphia: 1931-1933. By the Committee on Maternal Welfare. Paper. Pp. 144. Price $1.00. Philadelphia: Philadelphia County Medical Society, 1934.

Obstetrical practice in Philadelphia was exhaustively studied under Dr. P. F. Williams. The excellence of the assembly of the material and the critical analysis was the basis for the winning of the Strittmatter Award for 1933 by Dr. Williams. The recommendations for the improvement of conditions in Philadelphia may well be applied to many other communities.